

<i>SERFF Tracking Number:</i>	<i>AMGN-125610869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38892</i>
<i>Company Tracking Number:</i>	<i>08444</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AIG ELITE GLOBAL PLUS</i>		
<i>Project Name/Number:</i>	<i>AIG ELITE GLOBAL PLUS/08444</i>		

Filing at a Glance

Company: American General Life Insurance Company

Product Name: AIG ELITE GLOBAL PLUS SERFF Tr Num: AMGN-125610869 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 38892

Adjustable Life

Sub-TOI: L09I.101 External Indexed - Single Co Tr Num: 08444 State Status: Approved-Closed

Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Nancy Smith, Janice

Disposition Date: 05/07/2008

Hooey

Date Submitted: 05/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AIG ELITE GLOBAL PLUS

Project Number: 08444

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: File and use in our domicile state of Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/07/2008

State Status Changed: 05/07/2008

Deemer Date:

Corresponding Filing Tracking Number: 08444

Filing Description:

NAIC No.: 012-60488

FEIN No.: 25-0598210

RE: 08444 – Fixed Index Flexible Premium Adjustable Life Insurance Policy

08691 – Term Life Insurance Benefit Rider

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08665 – Age 121 Monthly Guarantee Premium Rider

These forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This policy will be sold by licensed agents with an illustration compliant with the NAIC Model Illustration Regulation.

This policy is an individual non-participating, Fixed Index Flexible Premium Adjustable Life Insurance policy. A Premium Expense Charge not to exceed 7.0% will be deducted from each premium payment. Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$7.00, cost of insurance provided by the base policy, charges for benefits provided by riders, and a Monthly Expense Charge for the duration stated on the Policy Schedule. The policy contains a 9-year surrender charge schedule. Surrender charges and a new Monthly Expense Charge will also be applied to any increase in Specified Amount.

The Owner may elect to receive declared fixed interest and/or index interest at the time of application. Declared fixed interest is credited monthly to the Accumulation Value based upon a declared interest rate set by the Company. Declared interest rates will never be less than 3%.

There are two different types of Index Interest Accounts (Index Accounts): 1-Year and 5-Year. 1-Year Index Accounts are credited with Index Interest at the end of each 1-year period. 5-Year Index Accounts are credited with Index Interest at the end of each 5-year period. No guaranteed interest is credited to any Index Account. 1-Year and/or 5-Year Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. Subsequent 1-Year and/or 5-Year Index Accounts may be established on each Allocation Day. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. The Interim Account will receive interest based upon a declared interest rate set by the Company. Declared interest rates will never be less than 3%.

This policy contains an Alternate Value. This is a value that will be maintained during the life of the policy. The Alternate Value provides a value separate from the Accumulation Value that is used only at certain times under the

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policy. The greater of the Accumulation Value or Alternate Value is available when determining loans, partial surrenders, full surrender, grace period processing and the Death Benefit Amount payable. Policy charges and expenses are deducted from the Alternate Value. Net premiums and interest are applied to the Alternate Value. Only interest provided by the Alternate Value guaranteed interest rate will be applied to the Alternate Value. The guaranteed interest rate for the Alternate Value is 3%.

Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance. Applicants may choose one of two Death Benefit Compliance Tests when applying for this policy: The Cash Value Accumulation Test or the Guideline Premium Test.

The enclosed Term Life Insurance Benefit Rider that provides term life insurance coverage to age 121. It is written so that it can be attached at issue to flexible premium adjustable life policies approved by your Department. We will pay the Death Benefit Amount to the beneficiary if the Rider Insured dies while the policy and the rider are in force. If the policy to which the rider is attached is surrendered during the number of years specified on the Policy Schedule we will pay, with the exceptions noted in the rider, a Surrender Value Enhancement.

The enclosed Age 121 Monthly Guarantee Premium Rider guarantees that the policy to which it is attached will not lapse during the guarantee period if on each Monthly Deduction Day the sum of premiums paid, accumulated with interest, equals or exceeds the sum of the Age 121 MGPs from the Date of Issue, accumulated with interest. The guarantee period begins on the date of issue and ends on the policy anniversary nearest the insured's age 121. The rider is written so that it can be attached at issue to flexible premium adjustable life policies approved by your Department. The Age 121 MGP will be recalculated if the Specified Amount is increased or decreased, a benefit rider is increased, decreased, added or removed, there is a change in the Premium Class or the Death Benefit Option is changed. The rider cost is calculated on each Monthly Deduction Day. A Table of Guaranteed Monthly Cost of Insurance Rates (per \$1,000 of Net Amount at Risk) appears in the rider.

The Term Life Insurance Benefit Rider and the Age 121 Monthly Guarantee Premium Rider can only be added at issue.

This policy will normally be issued on a sex distinct basis. However, it may be issued on a unisex basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and unisex policies will be issued with unisex pages.

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These forms have been written using simplified language. The Flesch Readability scores are as follows:

Form	Score	Words	Syllables	Sentences
08444	50.11	12,277	20,366	780
08691	53.39	514	823	29
08665	56.16	1,587	2,515	97

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 3194. You may also reach me via e-mail at the following address: Nancy_M_Smith@aigag.com.

Company and Contact

Filing Contact Information

Nancy Smith, Manager	nancy_m_smith@aigag.com
2929 Allen Parkway	(713) 831-3194 [Phone]
Houston, TX 77019	(713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 25-0598210	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$100.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	05/06/2008	20122714

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/07/2008	05/07/2008

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Disposition

Disposition Date: 05/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125610869 State: Arkansas

Filing Company: American General Life Insurance Company State Tracking Number: 38892

Company Tracking Number: 08444

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life

Adjustable Life

Product Name: AIG ELITE GLOBAL PLUS

Project Name/Number: AIG ELITE GLOBAL PLUS/08444

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Illustration Actuary's Certification of Compliance		Yes
Supporting Document	L 4339 Notice		Yes
Form	Fixed Index flexible Premium Adjustable Life Insurance Policy		Yes
Form	Term Life Insurance Benefit Rider		Yes
Form	Age 121 Monthly Guarantee Premium Rider		Yes

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Adjustable Life

Product Name: AIG ELITE GLOBAL PLUS

Project Name/Number: AIG ELITE GLOBAL PLUS/08444

Form Schedule

Lead Form Number: 08444

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08444	Policy/Cont	Fixed Index flexible ract/Fratern Premium Adjustable al Life Insurance Policy Certificate	Initial		50	08444_ELITE _GLOBAL_PL US_AR.pdf
	08691	Certificate	Term Life Insurance Amendmen Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial		53	08691_TERM _BENEFIT_RI DER.pdf
	08665	Certificate	Age 121 Monthly Amendmen Guarantee Premium t, Insert Rider Page, Endorseme nt or Rider	Initial		56	08665_MGP_ RIDER.pdf

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

POLICY NUMBER: 000000000

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251

(713) 522-1111

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the Insured's death, and will be subject to the terms of this policy.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if the Insured is living on that date and if this policy is in force.

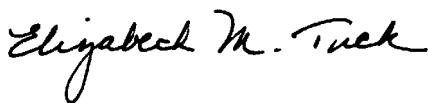
The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.

NOTICE OF TWENTY DAY RIGHT TO EXAMINE POLICY

You may return this policy within twenty days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of the policy within the twenty day period, it will be void from the beginning, and We will refund any premium paid.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE

READ YOUR POLICY CAREFULLY

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DEFINITIONS

Company Reference. The words "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77251; Mailing Address P.O. Box 1931, Houston, Texas 77251.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

Premium Class. The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms:

Preferred Plus. The term "Preferred Plus" means the cost of insurance is based on the Insured being an exceptional mortality risk and a non-user of tobacco and/or other products that contain nicotine.

Preferred. The term "Preferred" means the cost of insurance is based on the Insured being a better than average mortality risk.

Standard. The term "Standard" means the cost of insurance is based on the Insured being an average mortality risk.

Tobacco. The term "Tobacco" means the cost of insurance is based on the Insured being a user of tobacco and/or other products that contain nicotine.

NOTICE

This Policy Is A Legal Contract Between
The Policy Owner And The Company.

DEFINITIONS (Cont'd)

Non-Tobacco. The term "Non-Tobacco" means the cost of insurance is based on the Insured being a non-user of tobacco and/or other products that contain nicotine.

Juvenile. The term "Juvenile" means the Insured's age, nearest birthday, was 17 or less on the Date of Issue. Cost of insurance rates stated in Juvenile policies for insurance ages 18 and above are rates for users of tobacco and/or other products that contain nicotine. (Rates are not classified on the basis of the Insured being a user or non-user of tobacco and/or other products that contain nicotine at ages 0 through 17.)

Prior to the policy anniversary nearest the Insured's 18th birthday, a request for Non-Tobacco rates may be submitted. (See "Rates on Policy Anniversary Nearest Insured's 18th Birthday".)

Special. The term "Special" means "Sub-standard" or "Rated". This means an extra amount is being charged due to the Insured's health, occupation or avocation.

POLICY SCHEDULE

Insured:	John Doe	Policy Number:	000000000
Insurance Age:	35	Date of Issue:	January 12, 2008
Initial Specified Amount:	\$100,000.00	Maturity Date:	January 12, 2094
This Is A [Sex Distinct] Policy		Death Benefit Option:	1

Base Policy	Monthly Cost	Years Payable
Adjustable Life	See Page 28	86

Premium Class:	Preferred Plus
Initial Premium:	\$1,525.16
Planned Periodic Premium:	\$1,525.16 Payable Annually
Monthly Deduction Day:	12 th Day of Each Month

Minimum Death Benefit Amount (After A Decrease In Specified Amount):	[\$100,000.00]
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	MGP1	MGP
Monthly Guarantee Premium:	[\$4.60]	[\$29.40]
Computational Rates: Policy Year [1]	[6.50%]	[6.50%]
Policy Years [2] - 30	N/A	[6.50%]

Index Account Maximum Partial Surrender:	[10%]
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Monthly Expense Charge:	[\$26.00]
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Monthly Expense Charge Duration:	
First [5] Policy Years	
First [5] Years of An Increase	

Allocation Day:	[12 th Day of Each Month]
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Death Benefit Discount Factor:	1.002466
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Guaranteed Interest Rates:	Annual Effective	Monthly
Declared Interest Account:	3.00%	.2466%
Interim Account:	3.00%	.2466%
Alternate Value:	3.00%	.2466%

Mortality Table:	[Composite 2001 Commissioners Standard Ordinary Male or Female Ultimate ANB Mortality Table]
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Death Benefit Compliance Test:	[Guideline Premium]
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[Initial Maximum Net Amount At Risk For Death Benefit Option 3	[3] Times The Initial Specified Amount Stated On This Page]
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	Guaranteed	Initial
Premium Expense Charge Percentage:	9.00%	[7.00%]
Monthly Administration Fee:	\$7.00	[\$5.00]

Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium, subsequent premiums are insufficient to continue coverage to such date, or the requirements of any Monthly Guarantee Premium provision have not been met.

This Is A[n] [State Name] Policy

Policy Schedule Continued - Policy Number: 0000000000

Minimum Participation Rate:

1-Year Index Interest Account	[15%]
5-Year Index Interest Account	[15%]

Initial Participation Rate on the Date of Issue:

1-Year Index Interest Account	[55%]
5-Year Index Interest Account	[55%]

S&P 500 Index on the Date of Issue: [1200]

Dow Jones Euro Stoxx 50 Index on the Date of Issue: [3000]

Hang Seng Index on the Date of Issue: [14000]

Index Factor 1: [75%]

Index Factor 2: [25%]

Index Factor 3: [0%]

Policy Schedule Continued – Policy Number 000000000

Additional Benefits Provided By Riders		Monthly Cost	Years Payable
Age 121 Monthly Guarantee Premium Rider		See Rider	86
Age 121 MGP:	[\$89.00]		
Age 121 MGP Interest Rates:			
Policy Year 1	[6.50%]		
Policy Years [2] and Later	[6.50%]		
Term Life Insurance Benefit Rider		See Rider	86
Initial Rider Death Benefit:	\$100,000.00		
Rider Target Premium:	[\$3,389.00]		
Rider Monthly Expense Charge:	[\$26.00]		
Rider Expense Charge Period:			
First [5] Policy Years			
SVE Period:			
First [7] Policy Years			
Enhancement Percentage:	Policy Year	Percentage	
(Based on Year of Surrender)	[1	[248.9%	
	2	468.6%	
	3	657.5%	
	4	814.9%	
	5	541.0%	
	6	224.1%	
	7]	000.1%]	

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. The base policy;
2. The riders that add benefits to the base policy, if any;
3. Endorsements, if any; and
4. The attached copy of Your application, and any amendments or supplemental applications.

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and Monthly Deduction dates are determined.

Owner. The Owner is as stated in the application unless later changed. During the

Insured's lifetime, the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record). You may have multiple Owners of the policy. In that case, the authorizations of all Owners are required for all policy changes. The Owner and the Insured may be the same person but do not have to be. If an Owner dies while the policy is in force and the Insured is living, ownership rights pass on to a successor Owner recorded in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

Types of Accounts. There are three types of accounts available with this policy to which interest is credited to the Accumulation Value. They are:

1. The Index Interest Account(s);
2. The Declared Interest Account; and
3. The Interim Account.

Alternate Value. Interest at the Alternate Value Guaranteed Interest Rate is applied to the Alternate Value of this policy.

PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. Please refer to the "Policy Values Provisions" for a detailed explanation.

Planned Periodic Premiums. The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment

of the Planned Periodic Premium may not be sufficient to keep Your policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period", "Monthly Guarantee Premium For First Year", and "Monthly Guarantee Premium".)

Unscheduled Additional Premiums. You may pay additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium" and "Maximum Net Amount at Risk".)

PREMIUM PAYMENTS (Cont'd)

Maximum Premium. We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test selected, and under applicable tax laws. The test selected is shown on the Policy Schedule.

Maximum Net Amount at Risk. We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the "Net Amount at Risk" as shown in the "How We Calculate the Cost of Insurance for the Base Policy" provision.)

Where to Pay. You may make Your payments to Us at Our Home Office or to an authorized agent. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. The Premium Expense Charge Percentage is adjustable, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

Net Premium. The term Net Premium as used in this policy means "The premium paid, less the Premium Expense Charge" except as follows: No Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Values applied from another policy issued by the Company. (We refer to this as an internal rollover.)

Allocation of Net Premiums. The initial allocation of Net Premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner. The percentage allocation for future Net Premiums may be changed at any time by Written notice.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to Index Interest or Declared Interest Accounts or may be divided between the accounts in whole percentage points totaling 100%.

Net Premiums received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. Such account will receive interest as described in the "Interest Rates" provision.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If the Insured dies prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of death; and
2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in the "Changing Your Insurance Policy" section.

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (Cont'd)

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received after the date of death, less any outstanding policy loan and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Compliance Test. Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance under applicable tax laws. There are two compliance tests which may be used: The Guideline Premium Test and the Cash Value Accumulation Test. The test which You selected when this policy was issued is shown on the Policy Schedule. You cannot change Your selection of the Death Benefit Compliance Test after the Date of Issue.

Death Benefit Option. The Death Benefit Option which You have selected is shown on the Policy Schedule as either Option 1, 2 or 3.

Option 1. If You have selected Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of death; or
2. The greater of the Alternate Value plus policy loans or the Accumulation Value on the date of death, multiplied by the applicable Death Benefit Corridor Rate. (See "Alternate Value Provisions".)

Option 2. If You have selected Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of death; or
2. The greater of the Alternate Value plus policy loans or the Accumulation Value on the date of death, multiplied by the applicable Death Benefit Corridor Rate. (See "Alternate Value Provisions".)

Option 3. If You have selected Option 3, the Death Benefit Amount will be the amount payable under Option 1 plus the sum of all premiums paid for this policy, including premiums for any riders, less any amounts waived by the Company under a waiver of monthly deduction benefit, except as follows: Premium payments after a partial surrender will not increase the Death Benefit Amount until the sum of premiums paid from the date of the partial surrender exceeds the amount of the partial surrender.

There is a Maximum Net Amount at Risk associated with Death Benefit Option 3. If You have selected Option 3, the Maximum Net Amount at Risk on the Date of Issue is shown on the Policy Schedule. If at any time the Net Amount at Risk (Net Amount at Risk is the excess of the Death Benefit Amount over the Accumulation Value of the policy) exceeds the Maximum Net Amount at Risk, the Company may automatically effect a partial surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, to keep the Net Amount at Risk below the maximum then in effect. In no event, however, will We effect such partial surrender or reduce the Death Benefit Amount if the change would result in adverse tax consequences under Internal Revenue Code (IRC) section 7702. Future underwritten increases in Specified Amount will increase the Maximum Net Amount at Risk.

Death Benefit Corridor Rates are shown in the table for the Death Benefit Compliance Test which You selected.

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or the Death Benefit Option at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing.

Increasing the Specified Amount. We will require an application and evidence of insurability satisfactory to Us for any increase in the Specified Amount.

An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date will appear in an endorsement to this policy.

Decreasing the Specified Amount. Any decrease will go into effect on the Monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

1. The Minimum Death Benefit Amount shown on the Policy Schedule; or
2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

Any reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis with the surrender charge prior to

the reduction in Specified Amount being reduced proportionately. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

Changing the Death Benefit Option. You may request a change from Option 1 to Option 2, from Option 2 to Option 1, or from Option 3 to Option 1.

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to the change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision, except that such decrease will not be subject to a pro-rata surrender charge and the surrender charge will not change due to such decrease.
2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount, prior to the change, plus the Accumulation Value as of the effective date of the change.
3. If You request a change from Option 3 to Option 1: The Specified Amount will remain unchanged.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Changing the Terms of Your Policy. Any change in Your policy must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD)

There are two different types of Index Interest Accounts. 1-Year Index Interest Accounts will each have a duration of one year. 5-Year Index Interest Accounts will each have a duration of five years. Index Interest, if applicable, will be credited at the end of each Index Interest Account period. Index Interest is based in part on the percentage change in three indices over the applicable Index Interest Account period. The indices do not reflect dividends. Since Index Interest is determined at the end of each Index Interest Account period, no Index Interest will be added as a result of surrender or death occurring prior to the end of an Index Interest Account period.

1-Year Index Interest Accounts are credited with Index Interest at the end of the 1-year period. 5-Year Index Interest Accounts are credited with Index Interest at the end of the 5-year period. No guaranteed interest is credited to any Index Interest Account.

1-Year and 5-Year Index Interest Accounts (Index Accounts). 1-Year and/or 5-Year Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. These Index Accounts are established in accordance with the premium allocation percentages in effect. Subsequent 1-Year and/or 5-Year Index Accounts will be established on the Allocation Day shown on the Policy Schedule, as needed. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. The Interim Account will receive interest as described in the "Interest Rates" provision.

On each Allocation Day, the following will be placed in the appropriate Index Account:

1. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
2. The unloaned Accumulation Value in the Interim Account; and
3. The Renewal Allocation Amount.

One 1-Year and/or one 5-Year Index Account can be established only on an Allocation Day.

You may allocate all or a portion of the unloaned Accumulation Value receiving Declared Interest to a new Index Account. Such value will be placed in the Interim Account until the next Allocation Day when a new Index Account is established. We must receive Your Written request at least 30 days prior to an Allocation Day.

Renewal Allocation Percentage. This is the percentage of each Index Account's unloaned Accumulation Value that will be allocated to a new Index Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Index Account until changed by the Owner. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of an Index Account's period.

Renewal Allocation Amount. This amount on any Allocation Day is equal to the Renewal Allocation Percentage times the unloaned Accumulation Value of the Index Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such account.

Eligible Value. The Eligible Value will be calculated at the end of each Index Account period. The Eligible Value for each 1-Year Index Account is as follows:

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD) (Cont'd)

1. We will take the sum of the Index Account's unloaned Accumulation Value (after the Monthly Deduction is taken) on each Monthly Deduction Day during the 12 month period, beginning 1 month from the start of the Index Account's period. However, for the 12th month, We will use the Accumulation Value before subtracting the Monthly Deduction; and
2. We will divide that total by 12.

The Eligible Value for each 5-Year Index Account is as follows:

1. We will take the sum of the Index Account's unloaned Accumulation Value (after the Monthly Deduction is taken) on each Monthly Deduction Day during the 60 month period, beginning 1 month from the start of the Index Account's period. However, for the 60th month, We will use the Accumulation Value before subtracting the Monthly Deduction; and
2. We will divide that total by 60.

Policy Indices. The three indices in the policy are:

S&P 500® Index. References to the S&P 500 Index mean the Standard and Poor's 500 Composite Stock Price Index. It is an index of the stock of 500 publicly traded companies. The index does not reflect dividends. The S&P 500 Index on the Date of Issue is shown on the Policy Schedule.

EURO STOXX 50® Index. The EURO STOXX 50® Index is an index of blue-chip stocks which are represented by 50 stocks covering the largest Sector leaders in the Dow Jones EURO STOXX 50® Index. The index does not reflect dividends. The EURO STOXX 50® Index on the Date of Issue is shown on the Policy Schedule.

Hang Seng Index. Hang Seng means the Hang Seng Index (HSI). It is an index of the largest and most liquid stocks listed on

the Stock Exchange of Hong Kong (SEHK). The index does not reflect dividends. The Hang Seng Index on the Date of Issue is shown on the Policy Schedule.

Index Return and Adjusted Index Return. For a 1-Year Index Account, the Index Return for an index is the average index value during the 1-year period divided by the value of the index at the beginning of the period, minus 1. The average index value is the sum of the index values on the 12 consecutive monthly Allocation Days starting one month after the beginning of the 1-year period, divided by 12.

For a 5-year Index Account, the Index Return for an index is the percentage change in the index over the applicable 5-year period.

The Adjusted Index Return for an Index Account will be:

1. Index Factor 1 times the highest Index Return of the three indices; plus
2. Index Factor 2 times the next highest Index Return of the three indices; plus
3. Index Factor 3 times the lowest Index Return of the three indices.

The three factors are shown on the Policy Schedule. They are guaranteed and will not change while the policy is in force.

If the last day of an Index Account period is not a market day for an index, the Index Return will be calculated as of the last market day before the end of the Index Account period for that index. The term "market day" means a day an index is determined and published. The value of an index on a market day will be the value as of the close of business on such market day.

Participation Rate. The Participation Rate is the percentage of the Adjusted Index Return that will be used to calculate Index Interest, if any. The Initial Participation Rate is shown on the Policy Schedule and is guaranteed for any Index Account that is established on the Date of Issue.

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD) (Cont'd)

From time to time We will declare a new Participation Rate that will apply to each new Index Account. The new Participation Rate may be higher or lower than the Initial Participation Rate. The new Participation Rate will never be lower than the Minimum Participation Rates shown on the Policy Schedule. Once an Index Account is created the Participation Rate will not change for that account.

Index Interest Percentage. The Index Interest Percentage will be calculated at the end of each Index Account period. The Index Interest Percentage for each 1-Year Index Account is as follows:

1. At the end of the Index Account's 1-year period, We will take the Adjusted Index Return applicable for such account; and
2. Multiply it by the Participation Rate applicable to such account.

The Index Interest Percentage for each 5-Year Index Account is as follows:

1. At the end of the Index Account's 5-year period, We will take the Adjusted Index Return applicable for such account; and
2. Multiply it by the Participation Rate applicable to such account.

The Index Interest Percentage for any Index Account will never be less than zero.

Calculation of Index Interest. At the end of each Index Account period, We will calculate Index Interest by multiplying its Eligible Value by its Index Interest Percentage.

Changing or Discontinuing an Index. If one of the indices is no longer published, or if the index cannot be used, We will adopt a published index that is similar. Our decision to discontinue the Index Interest option will apply to this policy only on an Allocation Day and will not affect Index Interest payable for any existing Index Account. We will notify You of any change.

POLICY VALUES PROVISIONS

Accumulation Value:

On the Date of Issue. The Accumulation Value on the Date of Issue will be:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month. (See "How We Calculate a Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. We will take the Accumulation Value as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and
3. Add the interest earned for the month:
 - A. Interest will be applied for the entire month on the excess of the Accumulation Value on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
 - B. If a Net Premium has been received since the last Monthly Deduction Day, interest on such amount will be added on a pro-rata basis from the date received to the end of the policy month;

POLICY VALUES PROVISIONS (Cont'd)

- C. If a partial surrender has been made since the last Monthly Deduction Day, interest on the amount of such partial surrender will be added on a pro-rata basis from the last Monthly Deduction Day to the day of such partial surrender; and

4. Add Index Interest, if any; and
5. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate a Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The Accumulation Value on any day other than a Monthly Deduction Day will be:

1. The Accumulation Value as of the last Monthly Deduction Day;
2. Less any partial surrenders made and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus interest earned since the last Monthly Deduction Day.

Cash Value. The Cash Value of this policy will be equal to:

1. The greater of the Alternate Value plus policy loans or the Accumulation Value; less
2. The surrender charge, if any. (See "Alternate Value Provisions".)

Cash Surrender Value. The Cash Surrender Value of this policy will be equal to the Cash Value less any indebtedness.

Monthly Deductions May Be Made Only if There Is Sufficient Value (Unless Policy Is Being Continued Under Either Monthly Guarantee Premium Provision). Unless this policy is being continued in force under either Monthly Guarantee Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. The Accumulation Value will be reduced by the amount of each Monthly Deduction. If the Cash Surrender Value on a Monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this policy will be subject to the "Grace Period" and "Monthly Guarantee Premium" provisions.

Surrender Charge. Surrender charges will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply if such increases are surrendered or reduced during the Surrender Charge Period of each increase. The Surrender Charge Period will vary according to the age at issue (or age on the date of an increase) as shown in the Table of Surrender Charges per \$1,000 of Specified Amount.

You may make a request for a full surrender at any time during the Insured's lifetime before the Maturity Date.

A reduction in Specified Amount due to a requested partial surrender, full surrender, or partial surrender will be calculated as of the day We receive Your request.

How We Calculate a Monthly Deduction. Each Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and

POLICY VALUES PROVISIONS (Cont'd)

2. The total charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge, if any.

Monthly Deductions will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the 1-Year Index Accounts and from among the 5-Year Index Accounts, allocated proportionately.

How We Calculate the Cost of Insurance for the Base Policy. We calculate the cost of insurance at the beginning of each policy month. The cost of insurance is determined on the Monthly Deduction Day by multiplying the Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

To determine the Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the amount of Accumulation Value allocated to the base policy:
 - a. Before the cost of insurance deduction is taken; and
 - b. After any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy. Riders are not part of the base policy.

Monthly Administration Fee. An administration fee will be deducted monthly. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial Specified Amount and any increase in Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in the Specified Amount will be provided in an endorsement to this policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

Cost of Insurance Rate. The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium class shown on the Policy Schedule and subsequent endorsements, if any, associated with the Initial Specified Amount and each increase in the Specified Amount.

POLICY VALUES PROVISIONS (Cont'd)

A table of guaranteed monthly cost of insurance rates is included in this policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year;
2. The plan of insurance;
3. The amount of insurance; and
4. The age, gender and premium class of the Insured if issued on a Sex Distinct basis or the age and premium class if issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Participation Rates, Premium Expense Charge Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, investment earnings, reinsurance costs, option prices, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

Interest Rates. The guaranteed interest rates used in calculating Accumulation Values are shown on the Policy Schedule. Guaranteed interest is credited monthly only to the Declared Interest and Interim Accounts and is applied to the Alternate Value. We can use interest rates greater than the guaranteed interest rates to calculate the values in the Declared Interest and Interim Accounts.

For the Declared Interest Account and Interim Account: Interest in addition to that provided by the guaranteed interest rates, if any, will be credited monthly.

For each Index Account: Interest, if any, will be credited at the end of each Index Account

period as Index Interest. No guaranteed interest is credited to any Index Account. The three Index Factors shown on the Policy Schedule are guaranteed and will not change while the policy is in force.

For the Alternate Value: Only interest provided by the Alternate Value Guaranteed Interest Rate will be used to calculate the Alternate Value each month. No other type of interest is applied to the Alternate Value.

We will apply a different rate of interest to that portion of the Accumulation Value which equals the amount of a policy loan. The rate applied to amounts offset by policy loans will be credited monthly at an annual effective rate of not less than 3.0%. The amounts offset by policy loans will not be eligible for Index Interest.

Grace Period. The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual policy loan interest due date if:

1. There is not enough Cash Surrender Value to pay the amount due; and
2. The requirements of either Monthly Guarantee Premium provision have not been met.

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days notice prior to termination that Your policy is in the Grace Period and advise You of the amount of premium required to keep Your policy in force. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee of record, if any. If the Insured's death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

POLICY VALUES PROVISIONS (Cont'd)

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

Monthly Guarantee Premium For First Year (MGP1). The MGP1 for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The MGP1's Guarantee Period begins on the Date of Issue and ends on this policy's first anniversary.

This policy will not terminate on a Monthly Deduction Day during the first policy year if on such day:

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds;
2. The sum of the MGP1 premiums from the Date of Issue, including the current month, accumulated with interest.

Interest will accumulate at an annual effective MGP1 rate shown on the Policy Schedule.

During the first policy year, the portion of any Monthly Deduction that is greater than the Cash Surrender Value must be paid by the first policy anniversary. If the amount is not paid, the policy will enter the Grace Period (See "Grace Period").

Monthly Guarantee Premium (MGP). The MGP for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The MGP is an additional benefit that is different from the MGP1. The MGP's Guarantee Period begins on

the Date of Issue and continues to the earlier of the following dates:

1. The 30th policy anniversary; or
2. The policy anniversary nearest the Insured's 90th birthday.

This policy will not terminate on a Monthly Deduction Day within the MGP's Guarantee Period if, on such day:

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds;
2. The sum of the MGP premiums from the Date of Issue, including the current month, accumulated with interest.

Interest will accumulate at an annual effective MGP rate shown on the Policy Schedule.

Concerning Monthly Guarantee Premiums. If on a Monthly Deduction Day, this policy does not meet either Monthly Guarantee Premium provision requirements, guarantees under these provisions will not be in effect.

During either guarantee period the Monthly Guarantee Premium will be recalculated if:

1. The Specified Amount is increased or decreased;
2. A benefit rider is increased, decreased, added or removed;
3. A change in Premium Class occurs; or
4. A change in Death Benefit Option occurs.

These changes will not affect any guarantee period then in effect, if any.

POLICY VALUES PROVISIONS (Cont'd)

If a policy is reinstated during a guarantee period with no change to the Specified Amount, the Death Benefit Option, Premium Class, or benefit riders, if any, the monthly guarantee premium upon reinstatement will be the same as it was when the policy lapsed. Reinstatement will not change the guarantee period that was in effect when the policy lapsed.

The policy value at the end of either guarantee period may be insufficient to keep the policy in force unless an additional payment is made at that time.

Full Surrender. You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a policy anniversary, the Cash Value will not be less than on that anniversary. However, calculation of the Cash Surrender Value will take into account any partial surrender, loan and/or Monthly Deduction taken within those 31 days. A full surrender that occurs prior to the end of an Index Account period will not be eligible for any portion of Index Interest that might have otherwise been payable had the surrender occurred at the end of the Index Account period.

Partial Surrender. At anytime after the first policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the policy. To be processed on an Allocation Day, the partial surrender request must be received prior to the Maturity Date, In Writing, at least ten days prior to that Allocation Day.

Partial surrenders will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;

2. From the Declared Interest Account until it is reduced to zero;
3. From among the 1-Year Index Accounts and from among the 5-Year Index Accounts, allocated proportionately.

Partial surrenders from an Index Account are limited to 100% of the value in an Index Account that ends on the date the partial surrender is made. If the partial surrender is not made on such date then the amount is limited to the Index Account Maximum Partial Surrender percentage shown on the Policy Schedule.

A partial surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash and Accumulation Values will be reduced by the amount of partial surrender. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1 or Option 3, the Specified Amount will be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision. (The Specified Amount after the reduction will not be less than zero.) The Death Benefit Amount remaining after this reduction must not be less than the Minimum Death Benefit Amount shown on the Policy Schedule.

There will be a charge not to exceed \$50.00 for each partial surrender in addition to the amounts shown in the Table of Surrender Charges. Any partial surrender that causes a reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis, and the remaining surrender charge will be reduced proportionately. If You have selected Death Benefit Option 2, a partial surrender may not cause a reduction in Specified Amount.

POLICY VALUES PROVISIONS (Cont'd)

Payment of Cash Surrender Value Benefit.

We can delay payment of Cash Surrender Values for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

Continuation of Insurance Coverage if Amount or Frequency of Premium Payments is Reduced or if Premium Payments Are Discontinued. If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not surrender this policy, We will continue making Monthly Deductions (as long as there is

sufficient Cash Surrender Value to make such deductions) until the Maturity Date. During an MGP1 or MGP Guarantee Period, this policy will remain in force as long as either Monthly Guarantee Premium requirements are met. This policy will remain in force until the earliest of the following dates:

1. The Maturity Date (if there is sufficient value to make Monthly Deductions to that date);
2. Full surrender of the policy;
3. The end of the Grace Period; or
4. Death of the Insured.

ALTERNATE VALUE PROVISIONS

The Alternate Value (AV). This is a value that will be maintained during the life of the policy. The Alternate Value provides a value separate from the Accumulation Value that is used only at certain times under this policy. The greater of the Accumulation Value or Alternate Value is available when determining:

1. Loans;
2. Partial surrenders;
3. Full surrender;
4. Grace Period processing; and
5. The Death Benefit Amount payable.

Policy charges and expenses are deducted from the Alternate Value. Net Premiums and interest are applied to the Alternate Value.

Alternate Value:

On the Date of Issue. The AV on the Date of Issue will be:

1. The Net Premium received; less
2. The AV Monthly Deduction for the first policy month. (See "How We Calculate an AV Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the AV as follows:

1. We will take the AV as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and

ALTERNATE VALUE PROVISIONS (Cont'd)

3. Add the guaranteed interest earned for the month, determined in the following manner:
 - A. Guaranteed interest will be applied for the entire month on the excess of the AV on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
 - B. If a Net Premium has been received since the last Monthly Deduction Day, guaranteed interest on such amount will be added on a pro-rata basis from the date received to the end of the policy month;
 - C. If a partial surrender has been made since the last Monthly Deduction Day, guaranteed interest on the amount of such partial surrender will be added on a pro-rata basis from the last Monthly Deduction Day to the day of such partial surrender; and
4. Subtract any policy loans, partial surrenders and any charges for partial surrenders made since the last Monthly Deduction Day; and
5. Subtract the AV Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate an AV Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The AV on any day other than a Monthly Deduction Day will be:

1. The AV as of the last Monthly Deduction Day;
2. Less any policy loans, partial surrenders and any charges for partial surrenders made since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus guaranteed interest earned since the last Monthly Deduction Day.

AV Monthly Deductions. The AV will be reduced by the amount of each AV Monthly Deduction. Such Monthly Deduction from the AV will be made even if the AV is equal to or less than zero.

If the AV is less than zero, negative interest will be credited to (charged against) the AV and the policy may lapse if there is insufficient Accumulation Value in the policy and the MGP1 or MGP is not in effect. The AV will not be greater than zero until sufficient additional premiums are paid.

Surrender Charge. Surrender charges will apply to the AV if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply to the AV if such increases are surrendered or reduced during the Surrender Charge Period of each increase. The Surrender Charge Period will vary according to the age at issue (or age on the date of an increase) as shown in the Table of Surrender Charges per \$1,000 of Specified Amount.

How We Calculate an AV Monthly Deduction. Each AV Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and
2. The total charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge, if any.

How We Calculate the AV Cost of Insurance.

We calculate the AV cost of insurance at the beginning of each policy month. Such cost of insurance is determined on the Monthly Deduction Day by multiplying the AV Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

ALTERNATE VALUE PROVISIONS (Cont'd)

To determine the AV Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the amount of AV plus policy loans allocated to the base policy:
 - a. Before the cost of insurance deduction is taken; and
 - b. After any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted.

However, the AV Net Amount at Risk will never be greater than the AV Specified Amount when calculating the AV.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy and will apply to the AV.

Monthly Administration Fee. An administration fee will be deducted monthly and will apply to the AV. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial AV Specified Amount and to any increase in AV Specified Amount. The Monthly Expense Charge for the Initial AV Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial AV Specified Amount and any increase in AV Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in the AV Specified Amount will be provided in an endorsement to this policy. Any decrease in AV Specified Amount will not

change the Monthly Expense Charge then in effect.

Cost of Insurance Rate. The cost of insurance rate for the Initial AV Specified Amount, and for each AV Specified Amount increase, is based on the Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium class shown on the Policy Schedule and subsequent endorsements, if any, associated with the Initial AV Specified Amount and each increase in the AV Specified Amount.

A table of guaranteed monthly cost of insurance rates is included in this policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year;
2. The plan of insurance;
3. The amount of insurance; and
4. The age, gender and premium class of the Insured if issued on a Sex Distinct basis or the age and premium class if issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Participation Rates, Premium Expense Charge Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, investment earnings, expenses, reinsurance costs, option prices, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

ALTERNATE VALUE PROVISIONS (Cont'd)

AV Interest Rate. The Alternate Value Guaranteed Interest Rate used in calculating the AV is shown on the Policy Schedule. Guaranteed interest is credited monthly. No other type of interest is credited to the AV.

AV Specified Amount. The AV Specified Amount is always equal to the Specified Amount

of the policy. The AV Specified Amount is used to determine the AV.

Policy Loans. When a policy loan is made, the amount of the loan will be deducted from the AV. When loan repayments are made, the amount of the repayment will be allocated to the AV.

POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The loan value will be the Cash Value less:

1. Any prior outstanding loan; and
2. Interest on the amount to be borrowed to the next policy anniversary; and
3. Interest on any prior outstanding loan to the next policy anniversary.

When a policy loan is made, the amount of the loan will be deducted on a pro-rata basis from each Index Account, the Declared Interest Account and the Interim Account.

Loan Interest. Except for Preferred Loans, the Annual Policy Loan Interest Rate is 3.85%, payable in advance. (This is equivalent to an annual effective rate of 4.0%, paid at the end of the policy year.) On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan. (See "Preferred Loans".)

How You May Repay a Policy Loan. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the death of the Insured; and

2. A partial repayment must be at least \$10.00; and
3. You must specify the payment is to repay all or part of the policy loan.

Loan repayments will be allocated in accordance with the premium allocation percentages in effect.

However, if the loaned amount exceeds the Accumulation Value, loan repayments will be applied to the AV first. Once the loaned amount is less than or equal to the Accumulation Value, the loan repayments will be allocated to the Index Interest and Declared Interest Accounts in accordance with the premium allocation percentages in effect.

Except as provided in the "Grace Period" provision, this policy will lapse at any time Your policy loan exceeds the Cash Value. However, at least 31 days prior notice must be mailed by Us to Your last known address and to the assignee of record, if any.

We Can Delay Payment. We can delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

POLICY LOANS (Cont'd)

Obtaining a Loan. You may obtain a policy loan by Written request and assignment of the policy as sole security for the loan.

Preferred Loans. A "Preferred Loan" is a policy loan that is made at a net cost to the Owner that is less than the net cost of other policy loans. By "net cost" We mean the amount of interest charged for the loan less interest credited to the amount of the Accumulation Value offset by a loan. Starting on the tenth policy anniversary, this policy will be eligible for "Preferred Loans" subject to the following guidelines:

1. The maximum amount of the loan value eligible for Preferred Loans during a policy

year is restricted to the lesser of the following values on the first day of such policy year:

- a. The policy loan value; or
 - b. 10% of the Accumulation Value.
2. When a Preferred Loan is made, loan interest to the next policy anniversary will accrue daily at an annual effective rate of not less than 2.91% nor more than 3.15%. (This is equivalent to an effective rate of not less than 3.0% nor more than 3.25% respectively, paid at the end of the policy year.)

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interests.
2. If no Beneficiary survives the Insured, proceeds will be paid to You, as Owner, if You are then living; otherwise proceeds will be paid to Your estate.

Common Disaster. If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this policy provides otherwise.

Proceeds. Proceeds mean the amount payable on:

1. The Maturity Date;
2. Exercise of the full surrender benefit; or
3. The Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Amount, after reversing any premium received after the date of death, less any outstanding policy loans.

All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy.

CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office. The change will go into effect when We have recorded the change. However,

after the change is recorded, it will be deemed effective as of the date of Your Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

PAYMENT OPTIONS

Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

Election of Options. The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option (subject to the limitations stated in the "Availability of Options" provision).

Option 1. Payments for a Specified Period: Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

Option 2. Payments of a Specified Amount: Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Monthly Payments for Life with Period Certain: Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15, or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. If issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with interest at the rate of 2% per year. If issued on a Gender Neutral basis, tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or
2. Monthly payments equal to a monthly annuity based on Our single immediate annuity rates then in use.

PAYMENT OPTIONS (Cont'd)

Option 4. Proceeds Left at Interest:

Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1,000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

Interest Rates. The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. The higher rate will be determined by Us.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000 payment will be made in one lump sum.

Evidence that Payee is Alive. Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 or 2. If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 or 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more;
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

PAYMENT OPTIONS (Cont'd)

Withdrawals May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in payment is available only if the Payment Contract provides for a change in payment.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

GENERAL PROVISIONS

Assigning Your Policy. During the lifetime of the Insured, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Home Office. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

Incontestability. We rely on the statements made in the application for the policy and any amendments of application, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the policy unless it is in such applications.

Except as stated below, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.

If this policy is reinstated, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, or to the nonpayment of premium.

Suicide Exclusion. If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any policy loans and less any partial cash surrenders paid.

If there are any increases in the Specified Amount (See "Changing Your Insurance Policy") a new 2-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase.

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

GENERAL PROVISIONS (Cont'd)

Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If: (1) the age or gender of the Insured (if this policy was issued on a Sex Distinct basis); or (2) the age of the Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

Statutory Basis of Policy Values. The Cash Values of the policy are not less than the minimum values required by the law of the state where this policy is delivered. The calculation of the Cash Values includes interest at the Alternate Value guaranteed annual interest rate shown on the Policy Schedule and a charge for the cost of insurance, as shown in the Table of Guaranteed Monthly Cost of Insurance Rates.

The calculations of minimum Cash Values, non-forfeiture benefits and Guaranteed Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and age nearest birthday.

A detailed statement of the method of computing values has been filed with the state insurance department where required.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

Annual Report. We will send You at least once a year, without charge, an annual report which shows the following:

1. Premiums paid;
2. Expense charges deducted;

3. Declared Interest and Index Interest, if applicable, credited to Your Accumulation Value;
4. The cost of insurance deducted;
5. Partial surrender benefits paid to You;
6. The amount of any outstanding policy loan;
7. The current Cash Surrender and Accumulation Values;
8. The Eligible Value, if applicable;
9. The Participation Rate, if applicable;
10. The Index Return for each index, if applicable; and
11. The Adjusted Index Return if applicable.

Illustration Request. At any time while this policy is in force, the Owner may request from Us an illustration of policy values for the future. The values will be based on both guaranteed and then current assumptions. A reasonable fee, not to exceed \$50.00, may be charged for additional illustrations requested in a policy year.

When This Policy Terminates. This policy will terminate if:

1. A full surrender of this policy is made; or
2. The Insured dies; or
3. The policy matures; or
4. The Grace Period ends; and
 - a. There is insufficient Cash Surrender Value to cover a Monthly Deduction; and
 - b. The necessary Monthly Guarantee Premiums to keep the policy in force have not been paid.

GENERAL PROVISIONS (Cont'd)

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within 5 years after the end of the Grace Period and before the Maturity Date; and
2. Evidence of insurability satisfactory to Us; and
3. Payment of enough premium to keep the policy in force for 2 months or, if less, an amount equal to all past due Monthly Guarantee Premiums accumulated with interest at the applicable MGP1 or MGP interest rate; and
4. Payment or reinstatement of any indebtedness.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

The original surrender charge schedule will apply to a reinstated policy. The Accumulation Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the Accumulation Value at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The Monthly Deduction for one month.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

Reinstatement of the Alternate Value. The Alternate Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the AV at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The AV Monthly Deduction for one month.

The reinstated AV can be less than zero.

Index Accounts After Reinstatement. Unless the effective date of reinstatement is an Allocation Day, an Index Account will not be established until the first Allocation Day following reinstatement.

Rates on Policy Anniversary Nearest Insured's 18th Birthday (For Insured's age 17 or Less on Date of Issue). If the Insured's age, nearest birthday, is 17 or less on the Date of Issue of this policy, Tobacco rates will be used starting on the policy anniversary nearest the Insured's 18th birthday, except as follows. Prior to the anniversary nearest the Insured's 18th birthday, a Written statement, signed by the Owner may be submitted to the Company requesting that Non-Tobacco rates be made effective. The statement must include the date the Insured last used tobacco and/or other products that contain nicotine, or state that the Insured has never used tobacco and/or other products that contain nicotine, whichever applies. If the request is approved, Non-Tobacco rates will be made effective on the policy anniversary nearest the Insured's 18th birthday. Otherwise, Tobacco rates will apply. We will send a notice to the Owner at least 30 days prior to the policy anniversary nearest the Insured's 18th birthday that a request for Non-Tobacco rates may be submitted.

GENERAL PROVISIONS (Cont'd)

Option to Extend Coverage. You may elect to extend the Maturity Date stated on the Schedule Page (Maturity Date), as follows:

If the Insured is living on the Maturity Date, coverage will be continued until the date of death of the Insured.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

Starting on the original Maturity Date:

1. The Death Benefit Amount for the base policy will be equal to the base policy Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all, or in part, on the Accumulation Value, will be adjusted by future changes in the Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;
2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. New premium payments will not be accepted;
5. Interest on policy loans will continue to accrue in the same manner as stated in the "Policy Loans" provisions and You may repay all or part of a loan at any time as stated in the "Policy Loans" provisions; and
6. The Accumulation Value will continue to be determined as stated in this policy, subject to item 3 above.

After this option is selected, it may not be revoked.

Policy Changes. We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Rights Reserved By Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company. If proceeds under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of death is furnished to the date such proceeds are paid.

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**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	\$ 0.08087	\$0.04001	60	\$ 0.82608	\$0.67041
1	0.04668	0.02917	61	0.91711	0.72675
2	0.03250	0.02166	62	1.02766	0.78650
3	0.02250	0.01666	63	1.15106	0.84967
4	0.01750	0.01583	64	1.28059	0.91879
5	0.01750	0.01500	65	1.41713	0.99389
6	0.01833	0.01500	66	1.55476	1.07581
7	0.01833	0.01750	67	1.69264	1.16629
8	0.01833	0.01750	68	1.84271	1.26619
9	0.01916	0.01750	69	1.99564	1.37555
10	0.01916	0.01833	70	2.17802	1.49866
11	0.02250	0.01916	71	2.38231	1.63984
12	0.02750	0.02250	72	2.65526	1.79578
13	0.03250	0.02500	73	2.94043	1.96657
14	0.03917	0.02750	74	3.24057	2.15488
15	0.05085	0.02917	75	3.57416	2.36083
16	0.06169	0.03250	76	3.93902	2.58715
17	0.07253	0.03417	77	4.36467	2.83575
18	0.07837	0.03584	78	4.86366	3.11031
19	0.08171	0.03834	79	5.44276	3.41198
20	0.08337	0.03917	80	6.07850	3.74457
21	0.08337	0.04001	81	6.80774	4.20522
22	0.08504	0.04167	82	7.57149	4.72089
23	0.08588	0.04167	83	8.40042	5.24181
24	0.08754	0.04334	84	9.32757	5.82016
25	0.08921	0.04501	85	10.38212	6.46808
26	0.09338	0.04668	86	11.56722	7.06301
27	0.09756	0.05001	87	12.87882	7.96313
28	0.09756	0.05251	88	14.30705	8.91871
29	0.09589	0.05501	89	15.84058	9.94967
30	0.09505	0.05668	90	17.47054	10.89370
31	0.09422	0.06085	91	19.02863	11.36812
32	0.09422	0.06419	92	20.68461	12.34234
33	0.09589	0.06836	93	22.46745	13.79851
34	0.09839	0.07336	94	24.39302	15.68026
35	0.10089	0.08087	95	26.47561	18.09932
36	0.10674	0.08588	96	28.42724	20.44899
37	0.11174	0.09255	97	30.56000	22.96291
38	0.12009	0.09756	98	32.89883	23.37594
39	0.12844	0.10256	99	35.47494	24.86065
40	0.13762	0.10840	100	38.32308	27.24718
41	0.14931	0.11508	101	40.65161	29.90458
42	0.16350	0.12343	102	43.20717	32.94073
43	0.17937	0.13261	103	46.02011	36.42589
44	0.19942	0.14346	104	49.12438	40.44623
45	0.22115	0.15599	105	52.56181	45.03454
46	0.24204	0.17102	106	56.38257	50.02631
47	0.26462	0.18939	107	60.65303	55.48139
48	0.27800	0.20861	108	65.44959	61.36566
49	0.29389	0.23201	109	70.87254	67.98102
50	0.31397	0.25709	110	77.05095	75.34726
51	0.33907	0.28469	111	77.67886	76.14553
52	0.37340	0.31648	112	78.30676	76.94381
53	0.41193	0.35079	113	78.93467	77.74208
54	0.45970	0.38680	114	79.56257	78.54036
55	0.51589	0.42617	115	80.19048	79.33863
56	0.57548	0.47060	116	80.81838	80.13690
57	0.63931	0.51757	117	81.44629	80.93518
58	0.69227	0.56876	118	82.07419	81.73345
59	0.75283	0.61831	119	82.70210	82.53173
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	16.0024	19.0785	60	2.1439	2.4096
1	15.6049	18.4988	61	2.0834	2.3419
2	15.1234	17.8925	62	2.0258	2.2768
3	14.6189	17.2771	63	1.9711	2.2141
4	14.1064	16.6647	64	1.9191	2.1539
5	13.5997	16.0696	65	1.8698	2.0959
6	13.1099	15.4918	66	1.8228	2.0402
7	12.6380	14.9334	67	1.7779	1.9865
8	12.1818	14.3994	68	1.7347	1.9349
9	11.7409	13.8830	69	1.6933	1.8853
10	11.3162	13.3838	70	1.6533	1.8376
11	10.9057	12.9027	71	1.6149	1.7919
12	10.5132	12.4391	72	1.5780	1.7481
13	10.1393	11.9962	73	1.5432	1.7061
14	9.7827	11.5714	74	1.5100	1.6659
15	9.4438	11.1636	75	1.4784	1.6275
16	9.1256	10.7710	76	1.4482	1.5907
17	8.8254	10.3947	77	1.4194	1.5554
18	8.5417	10.0319	78	1.3921	1.5217
19	8.2693	9.6821	79	1.3663	1.4893
20	8.0058	9.3454	80	1.3421	1.4584
21	7.7499	9.0198	81	1.3193	1.4286
22	7.5002	8.7050	82	1.2982	1.4007
23	7.2578	8.4012	83	1.2783	1.3746
24	7.0219	8.1067	84	1.2596	1.3498
25	6.7929	7.8226	85	1.2421	1.3264
26	6.5706	7.5483	86	1.2257	1.3043
27	6.3558	7.2835	87	1.2106	1.2828
28	6.1481	7.0287	88	1.1966	1.2629
29	5.9459	6.7830	89	1.1837	1.2443
30	5.7484	6.5460	90	1.1718	1.2269
31	5.5560	6.3170	91	1.1607	1.2099
32	5.3687	6.0966	92	1.1500	1.1916
33	5.1866	5.8842	93	1.1393	1.1729
34	5.0101	5.6796	94	1.1284	1.1542
35	4.8393	5.4827	95	1.1168	1.1354
36	4.6738	5.2938	96	1.1039	1.1163
37	4.5143	5.1117	97	1.0882	1.0955
38	4.3602	4.9366	98	1.0679	1.0712
39	4.2119	4.7677	99	1.0400	1.0400
40	4.0690	4.6046	100	1.0000	1.0000
41	3.9315	4.4474	101	1.0000	1.0000
42	3.7992	4.2958	102	1.0000	1.0000
43	3.6722	4.1498	103	1.0000	1.0000
44	3.5503	4.0093	104	1.0000	1.0000
45	3.4336	3.8741	105	1.0000	1.0000
46	3.3219	3.7442	106	1.0000	1.0000
47	3.2146	3.6196	107	1.0000	1.0000
48	3.1117	3.5001	108	1.0000	1.0000
49	3.0120	3.3856	109	1.0000	1.0000
50	2.9157	3.2759	110	1.0000	1.0000
51	2.8228	3.1710	111	1.0000	1.0000
52	2.7333	3.0706	112	1.0000	1.0000
53	2.6476	2.9746	113	1.0000	1.0000
54	2.5654	2.8828	114	1.0000	1.0000
55	2.4869	2.7949	115	1.0000	1.0000
56	2.4121	2.7109	116	1.0000	1.0000
57	2.3407	2.6305	117	1.0000	1.0000
58	2.2725	2.5537	118	1.0000	1.0000
59	2.2069	2.4802	119	1.0000	1.0000
			120	1.0000	1.0000

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	\$0.07253	60	\$0.79492
1	0.04334	61	0.87832
2	0.03000	62	0.97869
3	0.02166	63	1.08934
4	0.01750	64	1.20691
5	0.01666	65	1.33060
6	0.01750	66	1.45619
7	0.01833	67	1.58368
8	0.01833	68	1.72246
9	0.01916	69	1.86576
10	0.01916	70	2.03499
11	0.02166	71	2.22518
12	0.02667	72	2.47175
13	0.03083	73	2.73034
14	0.03667	74	3.00452
15	0.04668	75	3.30752
16	0.05585	76	3.63791
17	0.06502	77	4.01975
18	0.07003	78	4.46174
19	0.07336	79	4.96936
20	0.07420	80	5.52328
21	0.07503	81	6.17413
22	0.07670	82	6.86055
23	0.07670	83	7.59079
24	0.07837	84	8.40228
25	0.08004	85	9.31535
26	0.08421	86	10.29353
27	0.08838	87	11.43282
28	0.08838	88	12.65181
29	0.08754	89	13.94604
30	0.08754	90	15.24789
31	0.08754	91	16.29269
32	0.08838	92	17.52066
33	0.09005	93	18.97222
34	0.09338	94	20.66396
35	0.09672	95	22.68355
36	0.10256	96	24.62592
37	0.10757	97	26.76759
38	0.11592	98	27.90470
39	0.12343	99	29.59716
40	0.13177	100	31.84721
41	0.14263	101	34.04178
42	0.15515	102	36.60255
43	0.17018	103	39.60096
44	0.18856	104	43.12057
45	0.20778	105	47.20894
46	0.22783	106	51.76130
47	0.24957	107	56.82753
48	0.26378	108	62.38781
49	0.28134	109	68.68355
50	0.30225	110	75.75322
51	0.32819	111	76.51090
52	0.36168	112	77.26858
53	0.39936	113	78.02625
54	0.44545	114	78.78393
55	0.49743	115	79.54161
56	0.55449	116	80.29929
57	0.61495	117	81.05697
58	0.66704	118	81.81464
59	0.72591	119	82.57232
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	16.5299	60	2.1928
1	16.1030	61	2.1311
2	15.6012	62	2.0722
3	15.0772	63	2.0161
4	14.5483	64	1.9628
5	14.0271	65	1.9120
6	13.5213	66	1.8636
7	13.0341	67	1.8173
8	12.5647	68	1.7728
9	12.1110	69	1.7300
10	11.6738	70	1.6888
11	11.2512	71	1.6493
12	10.8462	72	1.6114
13	10.4606	73	1.5754
14	10.0921	74	1.5412
15	9.7413	75	1.5086
16	9.4107	76	1.4775
17	9.0979	77	1.4478
18	8.8012	78	1.4195
19	8.5161	79	1.3928
20	8.2407	80	1.3677
21	7.9730	81	1.3440
22	7.7126	82	1.3220
23	7.4601	83	1.3013
24	7.2142	84	1.2818
25	6.9756	85	1.2636
26	6.7443	86	1.2465
27	6.5211	87	1.2305
28	6.3056	88	1.2158
29	6.0958	89	1.2021
30	5.8914	90	1.1894
31	5.6928	91	1.1773
32	5.4997	92	1.1649
33	5.3123	93	1.1522
34	5.1308	94	1.1389
35	4.9553	95	1.1249
36	4.7856	96	1.1096
37	4.6221	97	1.0917
38	4.4642	98	1.0696
39	4.3122	99	1.0400
40	4.1658	100	1.0000
41	4.0247	101	1.0000
42	3.8890	102	1.0000
43	3.7586	103	1.0000
44	3.6335	104	1.0000
45	3.5136	105	1.0000
46	3.3986	106	1.0000
47	3.2883	107	1.0000
48	3.1825	108	1.0000
49	3.0802	109	1.0000
50	2.9815	110	1.0000
51	2.8864	111	1.0000
52	2.7950	112	1.0000
53	2.7073	113	1.0000
54	2.6234	114	1.0000
55	2.5433	115	1.0000
56	2.4668	116	1.0000
57	2.3938	117	1.0000
58	2.3242	118	1.0000
59	2.2572	119	1.0000
		120	1.0000

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	\$ 0.08087	\$0.04001	60	\$ 0.82608	\$0.67041
1	0.04668	0.02917	61	0.91711	0.72675
2	0.03250	0.02166	62	1.02766	0.78650
3	0.02250	0.01666	63	1.15106	0.84967
4	0.01750	0.01583	64	1.28059	0.91879
5	0.01750	0.01500	65	1.41713	0.99389
6	0.01833	0.01500	66	1.55476	1.07581
7	0.01833	0.01750	67	1.69264	1.16629
8	0.01833	0.01750	68	1.84271	1.26619
9	0.01916	0.01750	69	1.99564	1.37555
10	0.01916	0.01833	70	2.17802	1.49866
11	0.02250	0.01916	71	2.38231	1.63984
12	0.02750	0.02250	72	2.65526	1.79578
13	0.03250	0.02500	73	2.94043	1.96657
14	0.03917	0.02750	74	3.24057	2.15488
15	0.05085	0.02917	75	3.57416	2.36083
16	0.06169	0.03250	76	3.93902	2.58715
17	0.07253	0.03417	77	4.36467	2.83575
18	0.07837	0.03584	78	4.86366	3.11031
19	0.08171	0.03834	79	5.44276	3.41198
20	0.08337	0.03917	80	6.07850	3.74457
21	0.08337	0.04001	81	6.80774	4.20522
22	0.08504	0.04167	82	7.57149	4.72089
23	0.08588	0.04167	83	8.40042	5.24181
24	0.08754	0.04334	84	9.32757	5.82016
25	0.08921	0.04501	85	10.38212	6.46808
26	0.09338	0.04668	86	11.56722	7.06301
27	0.09756	0.05001	87	12.87882	7.96313
28	0.09756	0.05251	88	14.30705	8.91871
29	0.09589	0.05501	89	15.84058	9.94967
30	0.09505	0.05668	90	17.47054	10.89370
31	0.09422	0.06085	91	19.02863	11.36812
32	0.09422	0.06419	92	20.68461	12.34234
33	0.09589	0.06836	93	22.46745	13.79851
34	0.09839	0.07336	94	24.39302	15.68026
35	0.10089	0.08087	95	26.47561	18.09932
36	0.10674	0.08588	96	28.42724	20.44899
37	0.11174	0.09255	97	30.56000	22.96291
38	0.12009	0.09756	98	32.89883	23.37594
39	0.12844	0.10256	99	35.47494	24.86065
40	0.13762	0.10840	100	38.32308	27.24718
41	0.14931	0.11508	101	40.65161	29.90458
42	0.16350	0.12343	102	43.20717	32.94073
43	0.17937	0.13261	103	46.02011	36.42589
44	0.19942	0.14346	104	49.12438	40.44623
45	0.22115	0.15599	105	52.56181	45.03454
46	0.24204	0.17102	106	56.38257	50.02631
47	0.26462	0.18939	107	60.65303	55.48139
48	0.27800	0.20861	108	65.44959	61.36566
49	0.29389	0.23201	109	70.87254	67.98102
50	0.31397	0.25709	110	77.05095	75.34726
51	0.33907	0.28469	111	77.67886	76.14553
52	0.37340	0.31648	112	78.30676	76.94381
53	0.41193	0.35079	113	78.93467	77.74208
54	0.45970	0.38680	114	79.56257	78.54036
55	0.51589	0.42617	115	80.19048	79.33863
56	0.57548	0.47060	116	80.81838	80.13690
57	0.63931	0.51757	117	81.44629	80.93518
58	0.69227	0.56876	118	82.07419	81.73345
59	0.75283	0.61831	119	82.70210	82.53173
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM**

ATTAINED AGE	RATE	ATTAINED AGE	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	\$0.07253	60	\$0.79492
1	0.04334	61	0.87832
2	0.03000	62	0.97869
3	0.02166	63	1.08934
4	0.01750	64	1.20691
5	0.01666	65	1.33060
6	0.01750	66	1.45619
7	0.01833	67	1.58368
8	0.01833	68	1.72246
9	0.01916	69	1.86576
10	0.01916	70	2.03499
11	0.02166	71	2.22518
12	0.02667	72	2.47175
13	0.03083	73	2.73034
14	0.03667	74	3.00452
15	0.04668	75	3.30752
16	0.05585	76	3.63791
17	0.06502	77	4.01975
18	0.07003	78	4.46174
19	0.07336	79	4.96936
20	0.07420	80	5.52328
21	0.07503	81	6.17413
22	0.07670	82	6.86055
23	0.07670	83	7.59079
24	0.07837	84	8.40228
25	0.08004	85	9.31535
26	0.08421	86	10.29353
27	0.08838	87	11.43282
28	0.08838	88	12.65181
29	0.08754	89	13.94604
30	0.08754	90	15.24789
31	0.08754	91	16.29269
32	0.08838	92	17.52066
33	0.09005	93	18.97222
34	0.09338	94	20.66396
35	0.09672	95	22.68355
36	0.10256	96	24.62592
37	0.10757	97	26.76759
38	0.11592	98	27.90470
39	0.12343	99	29.59716
40	0.13177	100	31.84721
41	0.14263	101	34.04178
42	0.15515	102	36.60255
43	0.17018	103	39.60096
44	0.18856	104	43.12057
45	0.20778	105	47.20894
46	0.22783	106	51.76130
47	0.24957	107	56.82753
48	0.26378	108	62.38781
49	0.28134	109	68.68355
50	0.30225	110	75.75322
51	0.32819	111	76.51090
52	0.36168	112	77.26858
53	0.39936	113	78.02625
54	0.44545	114	78.78393
55	0.49743	115	79.54161
56	0.55449	116	80.29929
57	0.61495	117	81.05697
58	0.66704	118	81.81464
59	0.72591	119	82.57232
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM**

ATTAINED AGE	RATE	ATTAINED AGE	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age Female	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
0	2.00	2.00	2.00	3.00	3.00	3.00	2.00	2.00	1.00	0.00
1	2.00	2.00	2.00	3.00	3.00	3.00	3.00	2.00	1.00	0.00
2	3.00	3.00	3.00	3.00	4.00	3.00	3.00	2.00	2.00	0.00
3	3.00	3.00	3.00	3.00	4.00	3.00	3.00	2.00	2.00	0.00
4	3.00	3.00	3.00	3.00	4.00	3.00	3.00	2.00	2.00	0.00
5	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
6	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
7	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
8	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
9	3.00	3.00	3.00	4.00	4.00	4.00	3.00	3.00	2.00	0.00
10	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	2.00	0.00
11	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	2.00	0.00
12	3.00	3.00	3.00	4.00	5.00	4.00	4.00	3.00	2.00	0.00
13	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
14	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
15	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
16	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
17	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
18	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
19	4.00	4.00	4.00	6.00	6.00	6.00	4.00	3.00	2.00	0.00
20	4.00	4.00	4.00	6.00	6.00	6.00	5.00	4.00	2.00	0.00
21	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
22	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
23	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
24	5.00	5.00	5.00	7.00	7.00	7.00	5.00	4.00	3.00	0.00
25	5.00	5.00	5.00	7.00	8.00	7.00	5.00	4.00	3.00	0.00
26	5.00	5.00	5.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
27	6.00	6.00	6.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
28	6.00	6.00	6.00	8.00	8.00	8.00	6.00	5.00	3.00	0.00
29	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
30	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
31	6.00	6.00	6.00	8.00	9.00	8.00	7.00	5.00	3.00	0.00
32	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
33	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
34	7.00	7.00	7.00	9.00	10.00	9.00	7.00	6.00	4.00	0.00
35	7.00	7.00	7.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
36	8.00	8.00	8.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
37	8.00	8.00	8.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
38	8.00	8.00	8.00	11.00	12.00	11.00	8.00	6.00	4.00	0.00
39	8.00	8.00	8.00	11.00	12.00	11.00	9.00	6.00	4.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age Female	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
40	9.00	9.00	9.00	11.00	12.00	11.00	9.00	7.00	5.00	0.00
41	9.00	9.00	9.00	12.00	13.00	12.00	9.00	7.00	5.00	0.00
42	9.00	9.00	9.00	12.00	13.00	12.00	10.00	7.00	5.00	0.00
43	9.00	9.00	9.00	12.00	14.00	12.00	10.00	7.00	5.00	0.00
44	10.00	10.00	10.00	13.00	14.00	13.00	10.00	8.00	5.00	0.00
45	10.00	10.00	10.00	13.00	15.00	13.00	10.00	8.00	5.00	0.00
46	10.00	10.00	10.00	14.00	15.00	14.00	11.00	8.00	5.00	0.00
47	11.00	11.00	11.00	14.00	16.00	14.00	11.00	8.00	6.00	0.00
48	11.00	11.00	11.00	15.00	16.00	15.00	12.00	9.00	6.00	0.00
49	12.00	12.00	12.00	15.00	17.00	15.00	12.00	9.00	6.00	0.00
50	12.00	12.00	12.00	16.00	17.00	16.00	12.00	9.00	6.00	0.00
51	12.00	12.00	12.00	16.00	18.00	16.00	13.00	10.00	6.00	0.00
52	13.00	13.00	13.00	17.00	19.00	17.00	13.00	10.00	7.00	0.00
53	13.00	13.00	13.00	17.00	19.00	17.00	14.00	10.00	7.00	0.00
54	14.00	14.00	14.00	18.00	20.00	18.00	14.00	10.00	7.00	0.00
55	14.00	14.00	14.00	18.00	20.00	18.00	14.00	11.00	7.00	0.00
56	14.00	14.00	14.00	19.00	21.00	19.00	15.00	11.00	7.00	0.00
57	15.00	15.00	15.00	20.00	22.00	20.00	15.00	11.00	8.00	0.00
58	15.00	15.00	15.00	20.00	22.00	20.00	16.00	12.00	8.00	0.00
59	16.00	16.00	16.00	21.00	23.00	21.00	16.00	12.00	8.00	0.00
60	16.00	16.00	16.00	21.00	24.00	21.00	17.00	12.00	8.00	0.00
61	17.00	17.00	17.00	22.00	24.00	22.00	17.00	13.00	8.00	0.00
62	17.00	17.00	17.00	23.00	25.00	23.00	18.00	13.00	9.00	0.00
63	18.00	18.00	18.00	23.00	26.00	23.00	18.00	14.00	9.00	0.00
64	18.00	18.00	18.00	24.00	27.00	24.00	19.00	14.00	9.00	0.00
65	19.00	19.00	19.00	25.00	27.00	25.00	19.00	14.00	10.00	0.00
66	19.00	19.00	19.00	25.00	28.00	25.00	20.00	15.00	10.00	0.00
67	19.00	19.00	19.00	26.00	29.00	26.00	20.00	15.00	10.00	0.00
68	20.00	20.00	20.00	26.00	29.00	26.00	21.00	15.00	10.00	0.00
69	20.00	20.00	20.00	27.00	30.00	27.00	21.00	15.00	10.00	0.00
70	21.00	21.00	21.00	28.00	31.00	28.00	22.00	16.00	10.00	0.00
71	21.00	21.00	21.00	28.00	30.00	28.00	22.00	16.00	10.00	0.00
72	21.00	21.00	21.00	28.00	29.00	28.00	22.00	16.00	10.00	0.00
73	22.00	22.00	22.00	29.00	28.00	26.00	22.00	16.00	11.00	0.00
74	22.00	22.00	22.00	28.00	27.00	25.00	23.00	16.00	11.00	0.00
75	22.00	22.00	22.00	27.00	26.00	24.00	23.00	17.00	11.00	0.00
76	22.00	22.00	22.00	26.00	24.00	23.00	22.00	17.00	11.00	0.00
77	22.00	22.00	22.00	24.00	23.00	22.00	21.00	17.00	11.00	0.00
78	23.00	23.00	23.00	23.00	22.00	21.00	20.00	17.00	11.00	0.00
79	23.00	23.00	23.00	22.00	21.00	20.00	19.00	17.00	11.00	0.00
80	22.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	11.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
0	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
1	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
2	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
3	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
4	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
5	3.00	3.00	3.00	4.00	4.00	4.00	3.00	3.00	2.00	0.00
6	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	2.00	0.00
7	3.00	3.00	3.00	4.00	5.00	4.00	4.00	3.00	2.00	0.00
8	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
9	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
10	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
11	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
12	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
13	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
14	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
15	4.00	4.00	4.00	6.00	6.00	6.00	4.00	3.00	2.00	0.00
16	4.00	4.00	4.00	6.00	6.00	6.00	5.00	3.00	2.00	0.00
17	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	2.00	0.00
18	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
19	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
20	5.00	5.00	5.00	7.00	7.00	7.00	5.00	4.00	3.00	0.00
21	5.00	5.00	5.00	7.00	8.00	7.00	5.00	4.00	3.00	0.00
22	5.00	5.00	5.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
23	6.00	6.00	6.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
24	6.00	6.00	6.00	8.00	8.00	8.00	6.00	5.00	3.00	0.00
25	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
26	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
27	6.00	6.00	6.00	8.00	9.00	8.00	7.00	5.00	3.00	0.00
28	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
29	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
30	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
31	7.00	7.00	7.00	9.00	10.00	9.00	7.00	6.00	4.00	0.00
32	7.00	7.00	7.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
33	8.00	8.00	8.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
34	8.00	8.00	8.00	10.00	12.00	10.00	8.00	6.00	4.00	0.00
35	8.00	8.00	8.00	11.00	12.00	11.00	9.00	6.00	4.00	0.00
36	8.00	8.00	8.00	11.00	12.00	11.00	9.00	7.00	4.00	0.00
37	9.00	9.00	9.00	12.00	13.00	12.00	9.00	7.00	5.00	0.00
38	9.00	9.00	9.00	12.00	13.00	12.00	9.00	7.00	5.00	0.00
39	9.00	9.00	9.00	12.00	14.00	12.00	10.00	7.00	5.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
40	10.00	10.00	10.00	13.00	14.00	13.00	10.00	7.00	5.00	0.00
41	10.00	10.00	10.00	13.00	15.00	13.00	10.00	8.00	5.00	0.00
42	10.00	10.00	10.00	14.00	15.00	14.00	11.00	8.00	5.00	0.00
43	11.00	11.00	11.00	14.00	16.00	14.00	11.00	8.00	6.00	0.00
44	11.00	11.00	11.00	14.00	16.00	14.00	11.00	9.00	6.00	0.00
45	11.00	11.00	11.00	15.00	17.00	15.00	12.00	9.00	6.00	0.00
46	12.00	12.00	12.00	15.00	17.00	15.00	12.00	9.00	6.00	0.00
47	12.00	12.00	12.00	16.00	18.00	16.00	13.00	9.00	6.00	0.00
48	13.00	13.00	13.00	17.00	18.00	17.00	13.00	10.00	6.00	0.00
49	13.00	13.00	13.00	17.00	19.00	17.00	13.00	10.00	7.00	0.00
50	13.00	13.00	13.00	18.00	20.00	18.00	14.00	10.00	7.00	0.00
51	14.00	14.00	14.00	18.00	20.00	18.00	14.00	11.00	7.00	0.00
52	14.00	14.00	14.00	19.00	21.00	19.00	15.00	11.00	7.00	0.00
53	15.00	15.00	15.00	19.00	22.00	19.00	15.00	11.00	8.00	0.00
54	15.00	15.00	15.00	20.00	22.00	20.00	16.00	12.00	8.00	0.00
55	16.00	16.00	16.00	21.00	23.00	21.00	16.00	12.00	8.00	0.00
56	16.00	16.00	16.00	21.00	24.00	21.00	17.00	12.00	8.00	0.00
57	17.00	17.00	17.00	22.00	24.00	22.00	17.00	13.00	8.00	0.00
58	17.00	17.00	17.00	23.00	25.00	23.00	18.00	13.00	9.00	0.00
59	18.00	18.00	18.00	23.00	26.00	23.00	18.00	13.00	9.00	0.00
60	18.00	18.00	18.00	24.00	27.00	24.00	19.00	14.00	9.00	0.00
61	19.00	19.00	19.00	25.00	27.00	25.00	19.00	14.00	9.00	0.00
62	19.00	19.00	19.00	25.00	28.00	25.00	20.00	15.00	10.00	0.00
63	20.00	20.00	20.00	26.00	29.00	26.00	20.00	15.00	10.00	0.00
64	20.00	20.00	20.00	27.00	30.00	27.00	21.00	16.00	10.00	0.00
65	21.00	21.00	21.00	28.00	31.00	28.00	22.00	16.00	11.00	0.00
66	21.00	21.00	21.00	28.00	31.00	28.00	22.00	16.00	11.00	0.00
67	22.00	22.00	22.00	29.00	32.00	29.00	23.00	17.00	11.00	0.00
68	22.00	22.00	22.00	29.00	31.00	29.00	23.00	17.00	11.00	0.00
69	23.00	23.00	23.00	30.00	31.00	29.00	24.00	17.00	11.00	0.00
70	23.00	23.00	23.00	31.00	30.00	28.00	24.00	18.00	12.00	0.00
71	23.00	23.00	23.00	30.00	29.00	27.00	24.00	18.00	12.00	0.00
72	24.00	24.00	24.00	29.00	27.00	26.00	24.00	18.00	12.00	0.00
73	24.00	24.00	24.00	27.00	26.00	24.00	23.00	18.00	12.00	0.00
74	24.00	24.00	24.00	25.00	24.00	23.00	22.00	18.00	12.00	0.00
75	25.00	25.00	25.00	24.00	23.00	21.00	20.00	19.00	12.00	0.00
76	24.00	24.00	24.00	23.00	22.00	21.00	19.00	18.00	12.00	0.00
77	23.00	23.00	23.00	22.00	21.00	20.00	19.00	17.00	12.00	0.00
78	22.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	13.00	0.00
79	21.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	13.00	0.00
80	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	13.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
0	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
1	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
2	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
3	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
4	3.00	3.00	3.00	4.00	4.00	4.00	3.00	2.00	2.00	0.00
5	3.00	3.00	3.00	4.00	4.00	4.00	3.00	3.00	2.00	0.00
6	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	2.00	0.00
7	3.00	3.00	3.00	4.00	5.00	4.00	3.00	3.00	2.00	0.00
8	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
9	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
10	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
11	4.00	4.00	4.00	5.00	5.00	5.00	4.00	3.00	2.00	0.00
12	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
13	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
14	4.00	4.00	4.00	5.00	6.00	5.00	4.00	3.00	2.00	0.00
15	4.00	4.00	4.00	6.00	6.00	6.00	5.00	3.00	2.00	0.00
16	5.00	5.00	5.00	6.00	6.00	6.00	5.00	4.00	3.00	0.00
17	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
18	2.00	2.00	2.00	3.00	3.00	3.00	2.00	2.00	1.00	0.00
19	2.00	2.00	2.00	3.00	3.00	3.00	3.00	2.00	1.00	0.00
20	5.00	5.00	5.00	6.00	7.00	6.00	5.00	4.00	3.00	0.00
21	5.00	5.00	5.00	7.00	7.00	7.00	5.00	4.00	3.00	0.00
22	5.00	5.00	5.00	7.00	8.00	7.00	5.00	4.00	3.00	0.00
23	5.00	5.00	5.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
24	6.00	6.00	6.00	7.00	8.00	7.00	6.00	4.00	3.00	0.00
25	6.00	6.00	6.00	8.00	8.00	8.00	6.00	5.00	3.00	0.00
26	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
27	6.00	6.00	6.00	8.00	9.00	8.00	6.00	5.00	3.00	0.00
28	6.00	6.00	6.00	8.00	9.00	8.00	7.00	5.00	3.00	0.00
29	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
30	7.00	7.00	7.00	9.00	10.00	9.00	7.00	5.00	4.00	0.00
31	7.00	7.00	7.00	9.00	10.00	9.00	7.00	6.00	4.00	0.00
32	7.00	7.00	7.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
33	8.00	8.00	8.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
34	8.00	8.00	8.00	10.00	11.00	10.00	8.00	6.00	4.00	0.00
35	8.00	8.00	8.00	11.00	12.00	11.00	8.00	6.00	4.00	0.00
36	8.00	8.00	8.00	11.00	12.00	11.00	9.00	6.00	4.00	0.00
37	9.00	9.00	9.00	11.00	12.00	11.00	9.00	7.00	5.00	0.00
38	9.00	9.00	9.00	12.00	13.00	12.00	9.00	7.00	5.00	0.00
39	9.00	9.00	9.00	12.00	13.00	12.00	9.00	7.00	5.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
40	9.00	9.00	9.00	12.00	14.00	12.00	10.00	7.00	5.00	0.00
41	10.00	10.00	10.00	13.00	14.00	13.00	10.00	8.00	5.00	0.00
42	10.00	10.00	10.00	13.00	15.00	13.00	10.00	8.00	5.00	0.00
43	10.00	10.00	10.00	14.00	15.00	14.00	11.00	8.00	5.00	0.00
44	11.00	11.00	11.00	14.00	16.00	14.00	11.00	8.00	6.00	0.00
45	11.00	11.00	11.00	15.00	16.00	15.00	12.00	9.00	6.00	0.00
46	11.00	11.00	11.00	15.00	17.00	15.00	12.00	9.00	6.00	0.00
47	12.00	12.00	12.00	16.00	17.00	16.00	12.00	9.00	6.00	0.00
48	12.00	12.00	12.00	16.00	18.00	16.00	13.00	9.00	6.00	0.00
49	13.00	13.00	13.00	17.00	19.00	17.00	13.00	10.00	7.00	0.00
50	13.00	13.00	13.00	17.00	19.00	17.00	14.00	10.00	7.00	0.00
51	14.00	14.00	14.00	18.00	20.00	18.00	14.00	10.00	7.00	0.00
52	14.00	14.00	14.00	18.00	20.00	18.00	14.00	11.00	7.00	0.00
53	14.00	14.00	14.00	19.00	21.00	19.00	15.00	11.00	7.00	0.00
54	15.00	15.00	15.00	20.00	22.00	20.00	15.00	11.00	8.00	0.00
55	15.00	15.00	15.00	20.00	22.00	20.00	16.00	12.00	8.00	0.00
56	16.00	16.00	16.00	21.00	23.00	21.00	16.00	12.00	8.00	0.00
57	16.00	16.00	16.00	21.00	24.00	21.00	17.00	12.00	8.00	0.00
58	17.00	17.00	17.00	22.00	24.00	22.00	17.00	13.00	8.00	0.00
59	17.00	17.00	17.00	23.00	25.00	23.00	18.00	13.00	9.00	0.00
60	18.00	18.00	18.00	23.00	26.00	23.00	18.00	14.00	9.00	0.00
61	18.00	18.00	18.00	24.00	27.00	24.00	19.00	14.00	9.00	0.00
62	19.00	19.00	19.00	25.00	28.00	25.00	19.00	14.00	9.00	0.00
63	19.00	19.00	19.00	26.00	28.00	26.00	20.00	15.00	10.00	0.00
64	20.00	20.00	20.00	26.00	29.00	26.00	21.00	15.00	10.00	0.00
65	20.00	20.00	20.00	27.00	30.00	27.00	21.00	16.00	10.00	0.00
66	21.00	21.00	21.00	28.00	31.00	28.00	22.00	16.00	11.00	0.00
67	21.00	21.00	21.00	28.00	31.00	28.00	22.00	16.00	11.00	0.00
68	22.00	22.00	22.00	29.00	31.00	29.00	23.00	17.00	11.00	0.00
69	22.00	22.00	22.00	29.00	31.00	29.00	23.00	17.00	11.00	0.00
70	23.00	23.00	23.00	30.00	30.00	29.00	24.00	17.00	11.00	0.00
71	23.00	23.00	23.00	30.00	29.00	27.00	24.00	17.00	11.00	0.00
72	23.00	23.00	23.00	29.00	27.00	26.00	24.00	18.00	11.00	0.00
73	23.00	23.00	23.00	27.00	26.00	25.00	23.00	18.00	11.00	0.00
74	24.00	24.00	24.00	26.00	25.00	23.00	22.00	18.00	12.00	0.00
75	24.00	24.00	24.00	25.00	23.00	22.00	21.00	18.00	12.00	0.00
76	24.00	24.00	24.00	23.00	22.00	21.00	20.00	18.00	12.00	0.00
77	24.00	24.00	24.00	22.00	21.00	20.00	19.00	18.00	12.00	0.00
78	23.00	23.00	23.00	21.00	20.00	19.00	18.00	17.00	12.00	0.00
79	22.00	22.00	22.00	20.00	19.00	18.00	17.00	16.00	12.00	0.00
80	21.00	21.00	21.00	19.00	18.00	17.00	16.00	15.00	13.00	0.00

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Female	10 Years	15 Years	20 Years	Female	10 Years	15 Years	20 Years
10	\$2.11	\$2.11	\$2.11	50	\$3.12	\$3.11	\$3.09
11	2.13	2.13	2.12	51	3.18	3.16	3.14
12	2.14	2.14	2.14	52	3.23	3.22	3.19
13	2.15	2.15	2.15	53	3.29	3.27	3.24
14	2.16	2.16	2.16	54	3.35	3.33	3.30
15	2.18	2.18	2.17	55	3.41	3.39	3.36
16	2.19	2.19	2.19	56	3.48	3.46	3.41
17	2.20	2.20	2.20	57	3.55	3.52	3.48
18	2.22	2.22	2.22	58	3.63	3.59	3.54
19	2.23	2.23	2.23	59	3.70	3.67	3.60
20	2.25	2.25	2.25	60	3.79	3.74	3.67
21	2.27	2.26	2.26	61	3.87	3.82	3.74
22	2.28	2.28	2.28	62	3.97	3.91	3.81
23	2.30	2.30	2.30	63	4.06	4.00	3.88
24	2.32	2.32	2.31	64	4.17	4.09	3.96
25	2.33	2.33	2.33	65	4.28	4.18	4.03
26	2.35	2.35	2.35	66	4.39	4.28	4.11
27	2.37	2.37	2.37	67	4.51	4.39	4.18
28	2.39	2.39	2.39	68	4.64	4.49	4.26
29	2.41	2.41	2.41	69	4.77	4.60	4.33
30	2.44	2.43	2.43	70	4.92	4.71	4.41
31	2.46	2.46	2.46	71	5.07	4.83	4.48
32	2.48	2.48	2.48	72	5.22	4.94	4.54
33	2.51	2.50	2.50	73	5.39	5.06	4.61
34	2.53	2.53	2.53	74	5.56	5.18	4.67
35	2.56	2.56	2.55	75	5.74	5.29	4.72
36	2.59	2.58	2.58	76	5.92	5.40	4.77
37	2.61	2.61	2.61	77	6.11	5.51	4.81
38	2.64	2.64	2.64	78	6.31	5.62	4.85
39	2.68	2.67	2.67	79	6.51	5.72	4.89
40	2.71	2.70	2.70	80	6.71	5.81	4.92
41	2.74	2.74	2.73	81	6.91	5.89	4.94
42	2.78	2.77	2.77	82	7.11	5.97	4.96
43	2.81	2.81	2.80	83	7.31	6.04	4.98
44	2.85	2.85	2.84	84	7.50	6.10	5.00
45	2.89	2.89	2.88	85	7.68	6.16	5.01
46	2.93	2.93	2.92	86	7.85	6.21	5.02
47	2.98	2.97	2.96	87	8.01	6.25	5.03
48	3.02	3.02	3.00	88	8.16	6.28	5.03
49	3.07	3.06	3.05	89	8.30	6.31	5.04
				90	8.42	6.34	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Male	10 Years	15 Years	20 Years	Male	10 Years	15 Years	20 Years
10	\$2.17	\$2.17	\$2.16	50	\$3.31	\$3.29	\$3.25
11	2.18	2.18	2.18	51	3.37	3.35	3.31
12	2.19	2.19	2.19	52	3.43	3.41	3.36
13	2.21	2.21	2.20	53	3.50	3.47	3.42
14	2.22	2.22	2.22	54	3.57	3.53	3.47
15	2.24	2.23	2.23	55	3.64	3.60	3.53
16	2.25	2.25	2.25	56	3.72	3.67	3.60
17	2.27	2.26	2.26	57	3.80	3.74	3.66
18	2.28	2.28	2.28	58	3.88	3.82	3.72
19	2.30	2.30	2.29	59	3.97	3.90	3.79
20	2.32	2.31	2.31	60	4.06	3.98	3.86
21	2.33	2.33	2.33	61	4.16	4.07	3.92
22	2.35	2.35	2.35	62	4.26	4.16	3.99
23	2.37	2.37	2.37	63	4.37	4.25	4.06
24	2.39	2.39	2.39	64	4.49	4.34	4.13
25	2.41	2.41	2.41	65	4.61	4.44	4.20
26	2.43	2.43	2.43	66	4.73	4.54	4.27
27	2.45	2.45	2.45	67	4.86	4.64	4.34
28	2.48	2.47	2.47	68	5.00	4.75	4.40
29	2.50	2.50	2.49	69	5.14	4.85	4.47
30	2.52	2.52	2.52	70	5.29	4.95	4.53
31	2.55	2.55	2.54	71	5.44	5.06	4.59
32	2.58	2.57	2.57	72	5.60	5.16	4.64
33	2.60	2.60	2.60	73	5.76	5.27	4.69
34	2.63	2.63	2.62	74	5.92	5.37	4.74
35	2.66	2.66	2.65	75	6.09	5.47	4.78
36	2.69	2.69	2.68	76	6.27	5.56	4.82
37	2.73	2.72	2.72	77	6.44	5.66	4.86
38	2.76	2.76	2.75	78	6.62	5.74	4.89
39	2.80	2.79	2.78	79	6.80	5.82	4.92
40	2.84	2.83	2.82	80	6.98	5.90	4.94
41	2.87	2.87	2.86	81	7.16	5.97	4.96
42	2.92	2.91	2.89	82	7.34	6.04	4.98
43	2.96	2.95	2.93	83	7.51	6.10	5.00
44	3.00	2.99	2.97	84	7.67	6.15	5.01
45	3.05	3.04	3.02	85	7.83	6.20	5.02
46	3.10	3.08	3.06	86	7.98	6.24	5.02
47	3.15	3.13	3.11	87	8.12	6.27	5.03
48	3.20	3.18	3.15	88	8.26	6.30	5.03
49	3.25	3.23	3.20	89	8.38	6.33	5.04
				90	8.50	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
GUARANTEED PERIOD				GUARANTEED PERIOD			
AGE OF PAYEE	10 Years	15 Years	20 Years	AGE OF PAYEE	10 Years	15 Years	20 Years
10	\$2.14	\$2.13	\$2.13	50	\$3.20	\$3.18	\$3.16
11	2.15	2.15	2.15	51	3.25	3.24	3.21
12	2.16	2.16	2.16	52	3.31	3.29	3.26
13	2.17	2.17	2.17	53	3.37	3.35	3.32
14	2.19	2.19	2.18	54	3.44	3.41	3.37
15	2.20	2.20	2.20	55	3.51	3.48	3.43
16	2.21	2.21	2.21	56	3.58	3.54	3.49
17	2.23	2.23	2.23	57	3.65	3.61	3.55
18	2.24	2.24	2.24	58	3.73	3.69	3.61
19	2.26	2.26	2.26	59	3.81	3.76	3.68
20	2.28	2.28	2.27	60	3.90	3.84	3.75
21	2.29	2.29	2.29	61	3.99	3.92	3.82
22	2.31	2.31	2.31	62	4.09	4.01	3.89
23	2.33	2.33	2.32	63	4.19	4.10	3.96
24	2.35	2.34	2.34	64	4.30	4.19	4.03
25	2.37	2.36	2.36	65	4.41	4.29	4.10
26	2.39	2.38	2.38	66	4.53	4.39	4.18
27	2.41	2.40	2.40	67	4.65	4.49	4.25
28	2.43	2.43	2.42	68	4.78	4.60	4.32
29	2.45	2.45	2.44	69	4.92	4.70	4.39
30	2.47	2.47	2.47	70	5.07	4.81	4.46
31	2.50	2.49	2.49	71	5.22	4.92	4.52
32	2.52	2.52	2.52	72	5.37	5.03	4.58
33	2.56	2.54	2.54	73	5.54	5.14	4.64
34	2.57	2.57	2.57	74	5.71	5.26	4.70
35	2.60	2.60	2.59	75	5.88	5.36	4.75
36	2.63	2.63	2.62	76	6.06	5.47	4.79
37	2.66	2.66	2.65	77	6.25	5.57	4.83
38	2.69	2.69	2.68	78	6.44	5.67	4.87
39	2.73	2.72	2.71	79	6.63	5.76	4.90
40	2.76	2.76	2.75	80	6.82	5.85	4.93
41	2.80	2.79	2.78	81	7.02	5.93	4.95
42	2.83	2.83	2.82	82	7.21	6.00	4.97
43	2.87	2.87	2.86	83	7.39	6.06	4.99
44	2.91	2.91	2.89	84	7.57	6.12	5.00
45	2.96	2.95	2.93	85	7.74	6.17	5.01
46	3.00	2.99	2.98	86	7.90	6.22	5.02
47	3.05	3.04	3.02	87	8.06	6.26	5.03
48	3.10	3.08	3.06	88	8.20	6.29	5.03
49	3.15	3.13	3.11	89	8.33	6.32	5.04
				90	8.45	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

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Insurance Company
A Stock Company

This is a FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251
1-800-231-3655

AMERICAN GENERAL LIFE INSURANCE COMPANY

TERM LIFE INSURANCE BENEFIT RIDER

American General Life Insurance Company has issued this rider as a part of the policy to which it is attached.

We will pay the Death Benefit Amount to the beneficiary, as defined in this rider, if the Rider Insured dies while the policy and this rider are in force. Payment will be made after We receive due proof of the death of the Rider Insured subject to the terms of this rider and the policy to which it is attached.

Rider Insured. The Insured under the policy to which this rider is attached is the Rider Insured.

Date of Issue. The Date of Issue of this rider must be the same as the Date of Issue of the policy.

Death Benefit Amount. The Death Benefit Amount for this rider and for the policy to which this rider is attached will vary according to the Death Benefit Option in effect at the time of death. It will be calculated as follows:

Option 1. If You have chosen Option 1, the Death Benefit Amount will be the greater of:

1. The policy Specified Amount plus the Rider Death Benefit on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Option 2. If You have chosen Option 2, the Death Benefit Amount will be the greater of:

1. The policy Specified Amount plus the Rider Death Benefit plus the Accumulation Value on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Option 3. If You have chosen Option 3, the Death Benefit Amount will be the amount payable under Option 1 plus the sum of all premiums paid for this policy, including premiums for any riders, less any amounts waived by the Company under a waiver of monthly deduction benefit, except as follows:

Premium payments after a partial surrender will not increase the Death Benefit Amount until the sum of premiums paid from the date of the partial surrender exceeds the amount of the partial surrender.

Rider Monthly Expense Charge. A Rider Monthly Expense Charge will be deducted from the Accumulation Value of the policy during the Rider Expense Charge Period. The Rider Monthly Expense Charge and Rider Expense Charge Period are shown on the Policy Schedule page. Any decrease in the Rider Death Benefit will not change the Rider Monthly Expense Charge then in effect. Increases in the Rider Death Benefit are not permitted.

The Monthly Cost of Insurance. The monthly cost of insurance for the Rider Death Benefit will be calculated at the beginning of each policy month on the Monthly Deduction Day. The monthly cost of insurance for such Death Benefit will be based on the Rider Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary;
3. Premium Class; and
4. The Net Amount at Risk allocated to this rider.

The guaranteed monthly cost for each \$1,000 of coverage is shown in the Table of Guaranteed Monthly Cost of Insurance Rates in the policy. This is the same table that is used to determine a separate cost of insurance charge for the policy. We can use cost of insurance rates that are lower than the guaranteed rates. The cost of insurance will be deducted from the Accumulation Value of the policy.

If the policy to which this rider is attached contains a waiver of monthly deduction or waiver of premium rider, an additional charge for waiver coverage will be made for this rider. Such additional charge will be determined from the table of rates in the rider providing waiver coverage.

Decreasing the Total Amount of Coverage (Policy Specified Amount plus Rider Death Benefit). After the first policy year, the total amount of coverage may be decreased subject to the following requirements:

1. The application for decrease must be In Writing;
2. A decrease will not be allowed if the sum of the Specified Amount under the base policy plus the Rider Death Benefit would be reduced to an amount less than \$100,000; and
3. The effective date of any decrease will be the first Monthly Deduction Day following receipt of a request for a decrease.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent base policy increase;
2. Against the next most recent base policy increases successively;
3. Against the Rider Death Benefit provided under the original application;
4. Against the Specified Amount provided under the original application.

If the Death Benefit Option on Your policy is Death Benefit Option 1 or Death Benefit Option 3, a partial surrender will result in a reduction in the total amount of coverage. Such reduction will be subject to the requirements of this provision.

Changing the Death Benefit Option. You may request a change from Option 1 to Option 2, from Option 2 to Option 1, or from Option 3 to Option 1.

1. If You request a change from Option 1 to Option 2: The new total amount of coverage (policy Specified Amount plus Rider Death Benefit) will be the total amount of coverage, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in total amount of coverage will be subject to the same guidelines and restrictions as outlined in the Decreasing the Total Amount of Coverage provision.
2. If You request a change from Option 2 to Option 1: The new total amount of coverage (policy Specified Amount plus Rider Death Benefit) will be the total amount of coverage prior to the change plus the Accumulation Value as of the effective date of the change.
3. If You request a change from Option 3 to Option 1: The total amount of coverage (policy Specified Amount plus Rider Death Benefit) will remain unchanged.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Surrender Value Enhancement. If the policy to which this rider is attached is surrendered during the SVE Period, We will pay, with the exceptions noted below, a Surrender Value Enhancement. The Surrender Value Enhancement is calculated as follows:

1. Multiply the total Premium Expense Charge, as described in the policy, applicable to the lesser of:
 - a. All premiums allocated to this rider that are received during the first policy year and subject to a Premium Expense Charge; or
 - b. The Rider Target Premium; by
2. The Enhancement Percentage for the year of surrender.

The SVE Period, Enhancement Percentages and Rider Target Premium are shown on the Policy Schedule page.

The Surrender Value Enhancement will not be paid during the SVE Period if:

1. The Specified Amount under the base policy has been decreased (This does not include changing the Death Benefit Option from Option 1 to Option 2);
2. The Rider Death Benefit has been decreased;
3. A partial surrender has occurred; or
4. The policy is surrendered as a 1035 Exchange.

Surrender charges for the base policy will be waived upon payment of the Surrender Value Enhancement.

Rider Ownership. The Owner of the policy to which this rider is attached is the Owner of this rider.

Beneficiary. Unless application for this rider or a later endorsement provides otherwise, the Rider Death Benefit will be paid in accordance with the base policy's beneficiary designation.

Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If: (1) the age or gender of the Rider Insured (if the policy was issued on a Sex Distinct basis); or (2) the age of the Rider Insured (if the policy was issued on a Gender Neutral basis) has been misstated to Us, the amount payable will be that which the most recent cost of insurance charge would have purchased at the correct age or gender (age only if the policy was issued on a Gender Neutral basis).

Suicide Exclusion. If the Rider Insured takes his or her own life, while sane or insane, within 2 years from the Date of Issue of this rider, the amount payable will be limited to the Monthly Deductions made for this rider.

When the laws of the state in which the policy and this rider are delivered require less than this 2-year period, the period will be as stated in such laws.

Not Contestable after Two Years. We will not contest payment of the Rider Death Benefit after it has been in force during the Rider Insured's lifetime for 2 years from the date coverage under this rider began.

This provision will not apply to nonpayment of the monthly cost of insurance.

Termination. This rider will terminate on the earliest of the following:

1. On termination of the policy to which this rider is attached; or
2. When any monthly deduction for this rider and the policy is in default beyond the end of the grace period; or
3. On the first Monthly Deduction Day following receipt of the Owner's Written request for termination.

Policy Provisions Applicable. This rider is subject to all the conditions and provisions of the policy to which it is attached, except as provided herein.

Consideration. The consideration for this rider is the application for the policy and this rider and deduction of the cost of insurance for this rider.

The effective date of this rider is the Date of Issue of the policy.



President

AMERICAN GENERAL LIFE INSURANCE COMPANY

AGE 121 MONTHLY GUARANTEE PREMIUM RIDER

American General Life Insurance Company has issued this rider as a part of the policy to which it is attached.

Age 121 Monthly Guarantee Premium Benefit. The policy will not terminate during the Age 121 Guarantee Period if, on such Monthly Deduction Day within the Age 121 Guarantee Period:

1. The sum of premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds;
2. The sum of the Age 121 Monthly Guarantee Premiums from the Date of Issue, including the current month, accumulated with interest.

Interest referred to above will accumulate at an annual effective Age 121 MGP rate shown on the Policy Schedule.

The Age 121 Guarantee Period begins on the Date of Issue of the policy to which this rider is attached and continues to the policy anniversary nearest the Insured's age 121.

Age 121 Monthly Guarantee Premium (Age 121 MGP). The Age 121 MGP for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. If, on a Monthly Deduction Day, the policy does not meet the Age 121 Monthly Guarantee Premium Benefit requirements of this rider, the guarantees provided by this rider will not be in effect.

While this rider is in force, the Age 121 MGP will be recalculated if:

1. The Specified Amount is increased or decreased;
2. A benefit rider is increased, decreased, added or removed;
3. There is a change in Premium Class; or
4. There is a change in the Death Benefit Option.

We will notify You if the Age 121 MGP changes. However, these changes will not affect the Age 121 Guarantee Period, then in effect, if any.

Rider Cost. The monthly cost for this rider will be calculated on each Monthly Deduction Day based on the policy's Net Amount at Risk. The guaranteed monthly cost for each \$1,000 of Net Amount at Risk is shown in the Table of Guaranteed Monthly Cost of Insurance Rates in the policy. This is the same table that is used to determine a separate cost of insurance charge for the policy. We can use cost of insurance rates that are lower than the guaranteed costs. The cost of insurance will be deducted from the Accumulation Value of the policy.

Rider Reinstatement. If the policy to which this rider is attached is reinstated, this rider will also be reinstated. In order to reinstate this rider the Owner must pay an amount that meets the requirements stated in the Age 121 Monthly Guarantee Premium Benefit provision of this rider.

The Age 121 MGP upon reinstatement will be the same as it was prior to the policy's lapse. Reinstatement will not affect the Age 121 Guarantee Period, then in effect, if any.

Rider Termination. This rider will terminate on the earlier of the following:

1. Termination of the policy to which this rider is attached; or
2. Expiry of the Age 121 Guarantee Period.

Consideration. The consideration for this rider is the application for the policy and this rider and deduction of the cost of insurance for this rider.

Policy Provisions Applicable. This rider is subject to all the conditions and provisions of the policy to which it is attached except as otherwise stated in this rider.

The effective date of this rider is the Date of Issue of the policy.

A handwritten signature in black ink, appearing to read "Matthew E. Winters". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

President

<i>SERFF Tracking Number:</i>	<i>AMGN-125610869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38892</i>
<i>Company Tracking Number:</i>	<i>08444</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AIG ELITE GLOBAL PLUS</i>		
<i>Project Name/Number:</i>	<i>AIG ELITE GLOBAL PLUS/08444</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMGN-125610869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38892</i>
<i>Company Tracking Number:</i>	<i>08444</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AIG ELITE GLOBAL PLUS</i>		
<i>Project Name/Number:</i>	<i>AIG ELITE GLOBAL PLUS/08444</i>		

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Certification/Notice		04/15/2008
Comments:		
Attachments:		
AR Flesch Certification.PDF		
AR Fee Schedule.PDF		
AR Certificate of Compliance with Rule 19.PDF		
AR Certification of Compliance.PDF		
	Review Status:	
Satisfied -Name: Application		04/15/2008
Comments:		
Approved on 12/01/2006		
Attachments:		
AGLC100565-2006.pdf		
AGLC100566-2006.pdf		
	Review Status:	
Bypassed -Name: Health - Actuarial Justification		04/15/2008
Bypass Reason: Not applicable		
Comments:		
	Review Status:	
Bypassed -Name: Outline of Coverage		04/15/2008
Bypass Reason: Not applicable		
Comments:		
	Review Status:	
Satisfied -Name: Actuarial Memorandum		04/25/2008
Comments:		
Attachment:		

<i>SERFF Tracking Number:</i>	<i>AMGN-125610869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38892</i>
<i>Company Tracking Number:</i>	<i>08444</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AIG ELITE GLOBAL PLUS</i>		
<i>Project Name/Number:</i>	<i>AIG ELITE GLOBAL PLUS/08444</i>		

08444-C Actuarial Memorandum.PDF

SERFF Tracking Number: AMGN-125610869 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 38892
Company Tracking Number: 08444
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: AIG ELITE GLOBAL PLUS
Project Name/Number: AIG ELITE GLOBAL PLUS/08444

Review Status:

Satisfied -Name: Illustration Actuary's Certification of Compliance 04/26/2008

Comments:

Attachment:

Illustration Actuary Certification of Compliance.PDF

Review Status:

Satisfied -Name: L 4339 Notice 05/06/2008

Comments:

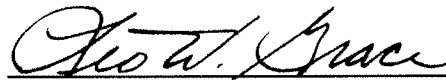
Attachment:

L 4339 Notice.PDF

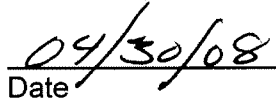
AMERICAN GENERAL LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Form No(s). 08444, 08691, and 08665 have (has) achieved Flesch Reading Score of 50.11, 53.39, and 56.16 and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI
Vice President


Date



ARKANSAS
INSURANCE
DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: **American General Life Insurance Company**

Company NAIC Code: **012-60488**

Company Contact Person & Telephone # **Nancy Smith (713) 831-3194 (800) 247-8837, ext 3194**

Form Number(s): **08444, 08691, 08665**

* INSURANCE DEPARTMENT USE ONLY *
* *
* ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing **08444, et al** * _____ x \$50 = _____
and review, per each policy, contract, annuity
form, per each insurer, per each filing **Retaliatory **\$100.00**

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing,
per each insurer. * _____ x \$50 = _____
**Retaliatory _____

Life and/or Disability Policy, Contract or
Annuity Forms: Filing and review of each
certificate, rider, endorsement or application
if each is filed separately from the basic form. * _____ x \$20 = _____
**Retaliatory _____

Policy and contract forms, all lines, filing
corrections in previously filed policy and
contract forms. * _____ x \$20 = _____
**Retaliatory _____

Life and/or Disability: Filing and review of
Insurer's advertisements, per advertisement, per
each insurer. * _____ x \$25 = _____
**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE
AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.
CODE ANN. 23-63-102, RETALIATORY TAX.

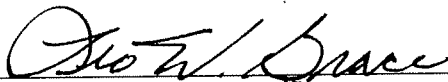
***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN., 23-61-401.

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 08444- Fixed Index Flexible Premium Adjustable Life Insurance Policy
08691 - Term Life Insurance Benefit Rider
08665 - Age 121 Monthly Guarantee Premium Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

09/30/08

Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information (AGL Form L-4339)	Y	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	Y	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	Y	
Rule and Regulation 33	Variable Life Insurance		X
	Licensing and approval to do business		
	Qualification of Insurer to Issue Variable Life Insurance		
	Article IV. Insurance Policy Requirements		
	Article V. Reserve Liabilities for Variable Life Insurance		
	Article VI. Separate Accounts		
	Article VII. Information Furnished to Applicants		
	Article VIII. Applications		
	Article IX. Reports to Policyholders		
	Article X. Foreign Companies		
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		
	Article XII. Separability Article		
	Article XIII. Supersession of Conflicting Regulations		
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies	Y	
	Severability	Y	
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		X
	Current and Guaranteed Cost Of Insurance Rates	Y	
	Minimum/Maximum Interest Rate Range		
	Minimum Rate:	3%	
	Maximum Rate:	10%	

I hereby certify that form(s) 08444, 08691, 08665 is in compliance with those relevant Arkansas laws and regulations cited above.


 Leo W. Grace
 Director, Product Development



AMERICAN
GENERAL

Life Insurance Application
Part A

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Primary Proposed Insured

Name John Doe Social Security # 123-45-6789
Sex ☒ M ☐ F Birthplace* (state, country) Anytown, USA Date of Birth 6/01/71 Current Age 35
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☒ no If yes, date of last use _____
If yes, type and quantity of tobacco or nicotine products used _____
Driver's License ☐ yes ☒ no Number _____ License State _____
U.S. Citizen ☒ yes ☐ no If no, Date of Entry _____ Visa Type _____ Exp. Date _____
Address 123 Main Street City, State Anytown, USA ZIP 77704
Home Phone (713) 123-4567 Work Phone (713) 345-6789 Email Jdoe aol.com
Employer Steel Industries Occupation Machine Operator Length of Employment 5 years
Employer Address 123 West Road City, State Anytown, USA ZIP 77704
Duties Operate machines, Supervise other operators
Personal Earned Income \$ 50,000 Household Income \$ 50,000 Net Worth \$ 100,000
If Primary Proposed Insured is a child or is age 18 or over and not self-supporting, what amount of insurance is in force on any of the following: Spouse \$ _____ Father \$ _____ Mother \$ _____ Siblings \$ _____

2. Other Proposed Insured

Name _____ Social Security # _____
Sex ☐ M ☐ F Birthplace* (state, country) _____ Date of Birth _____ Current Age _____
Relationship to Primary Proposed Insured _____
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☐ no If yes, date of last use _____
If yes, type and quantity of tobacco or nicotine products used _____
Driver's License ☐ yes ☐ no Number _____ License State _____
U.S. Citizen ☐ yes ☐ no If no, Date of Entry _____ Visa Type _____ Exp. Date _____
Address _____ City, State _____ ZIP _____
Home Phone () _____ Work Phone () _____ Email _____
Employer _____ Occupation _____ Length of Employment _____
Employer Address _____ City, State _____ ZIP _____
Duties _____
Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____

Ownership

3. A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Name _____ Social Security or Tax ID # _____ Date of Birth _____
Address _____ City, State _____ ZIP _____
Home Phone () _____ Relationship to Primary Proposed Insured _____
Email _____

B. Complete if Owner is a trust (If trustee is premium payor, also complete section 14 D.)

Exact Name of Trust _____ Trust Tax ID # _____
Address _____ City, State _____ ZIP _____
Email _____
Current Trustee(s) _____ Date of Trust _____

*for identification purposes only

Product Information

4. **Product Name** (Complete appropriate supplemental application if applicable.) Elite Universal Life
Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): ☒ Guideline Premium ☐ Cash Value Accumulation
Automatic Premium Loan (If applicable): ☐ Yes ☒ No Premium Class Quoted _____
Reason for Insurance family protection

5. **Dividend Options** (For participating policy only.)
☐ Cash ☐ Premium Reduction ☐ Paid-up Additions ☐ Deposit Earning Interest ☐ Other (Explain) _____

6. **Premium Allocation** (For Indexed UL only if applicable.)
Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**
Indexed Interest Account _____% Excess Interest Account _____% Total 100%

7. **Death Benefit Options** (For UL & VUL only.) ☒ Option 1 - Level ☐ Option 2 - Increasing ☐ Option 3 - Level Plus Return of Premium

8. **Riders/Benefits**
☐ Child Rider Amount \$ _____ (Complete Child Rider Attachment) or ☐ No current children
☐ Waiver of Premium ☐ Waiver of Monthly Deduction ☐ Waiver of Monthly Guarantee Premium
☐ Maturity Extension Rider - Accumulation Value ☐ Maturity Extension Rider - Death Benefit ☐ Terminal Illness Rider
☐ Accidental Death Benefit Amount \$ _____ ☐ Other Insured/Spouse Rider Amount \$ _____
☐ Disability Income Rider (Complete the following if DI Rider is requested)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): ☐ 1 ☐ 2
☐ Adjustable Return of Premium Rider - (Provide % of Premium) _____
☐ Scheduled Increase Rider
☐ Other Riders/Benefits #1 _____ Amount/Unit(s) _____
☐ Other Riders/Benefits #2 _____ Amount/Unit(s) _____

Beneficiary

9. Primary	Name	<u>Jane Doe</u>	Relationship	<u>wife</u>	Share	<u>100%</u> %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
10. Contingent	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %

11. **Trust Information (if Beneficiary)** Exact Name of Trust _____
Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

12. **Rider Beneficiaries** (Complete if other than Primary Proposed Insured.)
Other Insured/Spouse Rider _____ Relationship _____
Child Rider _____ Relationship _____

Business Coverage

13. **Business Insurance Details** (Complete only if applying for business coverage.)
Does any Proposed Insured have an ownership interest in the business? ☐ yes ☐ no
If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? ☐ yes ☐ no
Describe any special circumstances. _____

Premium

- 14. Premium Payment** ☒ Modal \$ 600 ☐ Single \$ _____ ☐ Additional Initial \$ _____
- A. Frequency of modal premium:** ☐ Annual ☐ Semi-annual ☒ Quarterly ☐ Monthly (*Bank Draft only*)
- B. Method:** ☒ Direct Billing ☐ Bank Draft (*Complete Bank Draft Authorization.*) ☐ List Bill: Number _____
- ☐ Credit Card - Initial Premium Only (*Complete Credit Card Authorization.*)
- ☐ Other (*Please explain.*) _____
- C. Amount submitted with application \$** 600
- D. Premium Payor** (*Complete if other than Owner.*)
- Name _____ Social Security or Tax ID # _____
- Relationship to Primary Proposed Insured _____
- Address _____ City, State _____ ZIP _____

Limited Temporary Life Insurance Eligibility

- 15. Health and Age Questions** (*Regarding the Primary Proposed Insured and the Other Proposed Insured under a joint life or survivorship policy, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.*)
- A.** Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? ☐ yes ☒ no
- B.** Is any Proposed Insured age 71 or above? ☐ yes ☒ no

Existing Coverage

16. Existing Coverage

A. Life and Annuity Coverage

Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☒ no

(*If yes, complete the following regarding such annuities or life insurance policies.*)

Type: i = individual, b = business, g = group, p = pending life insurance or annuity

Name of Proposed Insured	Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*	1035 Ex
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

***Replace** means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

B. Disability Coverage (*Complete only if Disability Income Rider coverage requested.*)

Does any Proposed Insured have any existing or pending Disability insurance policies? ☐ yes ☐ no

(*If yes, complete the following regarding existing and pending disability insurance*)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nonmedical Questions

17. Background Information *(Complete questions A through F. If yes answer applies to any Proposed Insured, provide details specified after each question.)*

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? ☐ yes ☒ no

(If yes, list country, date, length of stay and purpose.) _____

- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? ☐ yes ☒ no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

- C.** Has any Proposed Insured:

- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? ☐ yes ☒ no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? ☐ yes ☒ no

(If yes, list date and reason.) _____

- D.** Has any Proposed Insured ever filed for bankruptcy? ☐ yes ☒ no

(If yes, list chapter filed, date, reason and discharge date.) _____

- E.** In the past five years, has any Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? ☐ yes ☒ no

(If yes, list date, state, license no. and specific violation.) _____

- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? ☐ yes ☒ no

(If yes, list date, state and charge.) _____

Remarks

18. Details and Explanations _____

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. ☐ Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Proposed Insured(s)/Owner Signature

Signed at (city, state) Anytown, USA On (date) 10/01/06

Primary Proposed Insured **X** John Doe
(If under age 15, signature of parent or guardian)

Other Proposed Insured **X** _____
(If under age 15, signature of parent or guardian)

Owner (If other than Primary Proposed Insured) **X** _____

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature **X** John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A. Number of years you have known Primary Proposed Insured: _____
Other Proposed Insured: _____
- B. Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☐ no
If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? ☐ yes ☐ no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)
- C. Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* ☐ yes ☐ no
- D. Did you provide the Owner with a Limited Temporary Life Insurance Agreement? ☐ yes ☐ no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Writing Agent Name *(Please print)* _____ Date _____

Writing Agent Signature **X** _____

State License # _____ Phone # _____

Email _____ Fax # _____

4. If a translator was used, complete the following:

Name *(Please print)* _____

Address _____ City, State _____ ZIP _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____



- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Proposed Insured (Complete separate Part B for each Proposed Insured)

Name _____ Date of Birth _____ Social Security # _____

Medical History

(Instructions: Please answer ALL medical history questions. Do not leave any questions blank.)

2. Physician Information

Name, address and phone number of the Proposed Insured's personal physician(s). (If no personal physician, provide name, address and phone number of doctor last seen.)

Name _____ Phone () _____

Address _____ City, State _____ ZIP _____

Date, reason, findings and treatment at last visit _____

3. Build

A. Admitted Height and Weight _____ ft. _____ in. _____ lbs

(Examiners: Also record measured height and weight on Exam page 1.)

B. Has the Proposed Insured had any weight change in excess of 10 lbs. in the past year? ☐ yes ☐ no If yes, complete the following:

Loss _____ lbs. Gain _____ lbs. Reason _____

4. Family History

Age if Living	Age at Death	Cause of Death	History of Heart Disease?	History of Cancer?
Father _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Mother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Brother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Brother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Sister _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Sister _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____

5. Personal Health History

A. Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? ☐ yes ☐ no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? ☐ yes ☐ no
- 3) cancer, tumors, masses, cysts or other such abnormalities? ☐ yes ☐ no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? ☐ yes ☐ no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? ☐ yes ☐ no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or sugar or protein in the urine? ☐ yes ☐ no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? ☐ yes ☐ no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including a mental or nervous disorder? ☐ yes ☐ no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? ☐ yes ☐ no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? ☐ yes ☐ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

C. Has the Proposed Insured in the past three years had but NOT sought treatment for:

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? ☐ yes ☐ no
- 2) any pain or discomfort in the chest or shortness of breath? ☐ yes ☐ no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine? ☐ yes ☐ no

(If yes, list condition such as: date of first occurrence; symptoms; and how treated.)

Details _____

D. Has the Proposed Insured ever:

- 1) sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? ☐ yes ☐ no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? ☐ yes ☐ no

(If yes answered to D1 or D2, please provide details below.)

Type of drug(s)/alcohol product(s) _____ Date last used _____

Name(s) of doctor/facility _____ Phone (____) _____

Address _____ City, State _____ ZIP _____

Treatment Dates _____

Support group(s) _____ Last date attended _____

Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

- E.** Has the Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ yes ☐ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details

- F.** Other than previously stated, in the past 10 years, has the Proposed Insured:

- 1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? ☐ yes ☐ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details

- 2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? ☐ yes ☐ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; recommended tests, medications or treatment.)

Details

- 3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? ☐ yes ☐ no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details

- G.** Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? ☐ yes ☐ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details

Agreement and Signatures

I, the Proposed Insured signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

Fraud

Any person who, with intent to defraud or facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

SIGNATURE OF PROPOSED INSURED

Signed at (city, state) _____ On (date) _____

X _____
Proposed Insured (If under age 15, signature of parent or guardian)

SIGNATURE(S) OF INTERVIEWER(S) – TO BE SIGNED BY ALL INTERVIEWERS, AS APPLICABLE

I certify that the information supplied by the Proposed Insured has been truthfully and accurately recorded on the Part B application.

If Agent recorded information

Writing Agent Name (Please print) Writing Agent # Date

X _____ **X** _____
Writing Agent Signature Countersigned (Licensed resident agent if state required)

If Tele-interviewer recorded information

Name (Please print) Company Date

If Paramedical Examiner/Medical Doctor recorded information

Examiner's Address _____ **Paramed: Use company stamp below.**

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature _____

X _____ Date _____

Physical Measurements

1. Proposed Insured

- A. Name _____
- B. Build: Measured Height (*in shoes*) _____ ft. _____ in. Weight (*clothed*) _____ lbs (*Please weigh insured.*)
- C. Are you currently taking Blood Pressure Medication(s)? ☐ yes ☐ no
 Medication(s) _____

Blood Pressure (*Record all readings.*) If blood pressure exceeds 140/90, repeat reading at end of examination.*

	1st Reading	2nd Reading	3rd Reading	*Repeat Reading
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

- D. Did you weigh Proposed Insured? ☐ yes ☐ no
- E. Have any of the following been completed in conjunction with this exam?
☐ Blood ☐ Urine ☐ EKG ☐ Stress Test ☐ Chest x-ray
- F. Is appearance unhealthy or older than stated age? ☐ yes ☐ no
- G. Do you have any pertinent information not disclosed previously?
(Details of yes answers to questions F and G) ☐ yes ☐ no

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain.*) ☐ yes ☐ no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? ☐ yes ☐ no
- b. Is heart enlarged? (*If yes, describe.*) _____ ☐ yes ☐ no
- c. Is murmur present? (*If yes, complete 1d.*) _____ ☐ yes ☐ no
- d. Before exercise, murmur is:
- ☐ Constant Transmitted to where? _____
- ☐ Inconstant Localized at: ☐ Apex ☐ Base ☐ Elsewhere
- ☐ Systolic (*Give details.*) _____
- ☐ Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6
- After valsava, murmur is:
- ☐ Unchanged ☐ Decreased ☐ Increased ☐ Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below.)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction.)* ☐ yes ☐ no

Details _____

b) Endocrine system *(including thyroid)?* ☐ yes ☐ no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?* ☐ yes ☐ no

Details _____

d) Respiratory system? ☐ yes ☐ no

Details _____

e) Abdomen *(including scars)?* ☐ yes ☐ no

Details _____

f) Genito-urinary system? ☐ yes ☐ no

Details _____

g) Skin *(including scars)*, lymph nodes, blood vessels *(including varicose veins)?* ☐ yes ☐ no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?* ☐ yes ☐ no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ ☐ am ☐ pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner's Address _____

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion.)

AMERICAN GENERAL LIFE INSURANCE COMPANY

ACTUARIAL DESCRIPTION OF FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY POLICY FORM NUMBER 08444

I. DESCRIPTION OF POLICY CHARACTERISTICS

A. Death Benefits

The policy provides adjustable life insurance coverage on the Insured. Insurance on the life of the Insured is integrated with the accumulation value of the policy under one of three coverage options. The amount of death benefit payable upon the insureds' death depends upon the option chosen.

Death Benefit Option 1. The total death benefit is the specified amount on the date of the Insureds' death, or if greater, a specified percentage of the cash value.

Death Benefit Option 2. The total death benefit is the sum of the specified amount and the cash value on the date on the Insureds' death, or if greater, a specified percentage of the cash value.

Death Benefit Option 3. The insured's death benefit is the Specified Amount, plus

- (1) the sum of all premium paid, less
- (2) the amount of premiums paid after a partial withdrawal until the amount of such premium exceeds the amount of the withdrawal, less
- (3) any waived premium paid as a result of disability under a waiver of premium benefit or the premium paid by the company to cover the monthly deduction while the waiver of monthly deduction benefit is in effect.

The death benefit under option 1, option 2, or option 3 will not be less than the accumulation value on the date of death multiplied by the death benefit percentage factors shown in the policy. The death benefit percentage factor varies by attained age and is the amount that would qualify the policy as life insurance under Section 7702 of the Internal Revenue Code.

B. Accumulation Values

The accumulation values are determined by using the formula described in the contract and shown in Section III. A comparison table showing the Guaranteed Accumulation Values, Guaranteed Cash Surrender Values, Guaranteed Death Benefits, Statutory reserves, and Standard Nonforfeiture Law Minimum Cash Values are shown in Exhibit I. A month-by-month numerical example of the values in the comparison table for the first and fiftieth policy years is shown in Exhibit II.

C. Investment Options

The Accumulation Value may be invested in the Declared Interest Account, 1-Year Index Account and 5-year Index Account. New premiums and loan repayments are allocated among the Declared Interest Account and Index Accounts by premium allocation percentages, which are designated by the owner and may be changed at any time

One each monthiversary, all or part of the money receiving declared interest can be rolled into an Index Account. Money rolled into an index account must stay in that index bucket for the entire index period. At the end of each index period, all or part of the money in that index account can be rolled into the Declared Interest Account or different Index Account.

D. Alternate Value

The Alternate Value is a value that works in a similar manner to the accumulation value of the policy uses the same charges but different interest credited amounts. The interest rate applied in the determination of alternate value is 3% per annum guaranteed. A negative interest will be created to the AV if the AV is less than zero.

The greater of the Accumulation Value or the Alternate Value is used for determining the loans, partial withdrawal, full surrenders, the grace processing and death benefit amount payable.

E. Cash Value, Cash Surrender Values

The Cash Value is equal to the Accumulation value less any surrender charge. The cash surrender value is equal to the Cash Value less any outstanding loans and accrued interest on such loans. The surrender charge period is 9 years.

Exhibit I shows Cash Surrender Value will always exceed the minimum nonforfeiture amount as defined by the NAIC Universal Life Insurance Model Regulation.

F. Continuation of Benefits (Nonforfeiture)

For any month in which no premium is received, benefits provided under the policy will be continued, and the accumulation value will continue to be determined as described in Section III. Costs of insurance during such continuation will be determined using the same cost of insurance rates as those which would otherwise be used. Benefits will be so continued until the policy terminates in accordance with the grace period provision or until the maturity date, whichever is sooner. Thus, the paid-up nonforfeiture benefit is extended term insurance.

G. Flexibility

At issue the owner selects a Specified Amount of insurance and one of the three types of coverage options. At any time, the Specified Amount of insurance may be changed and/or the type of coverage option may be changed. However, a decrease in Specified Amount may not become effective prior to the end of the first policy year. The Specified Amount may not be decreased below the minimum permitted by Company rules. Evidence of insurability is required for any increases in the Specified Amount.

Flexible premium payments are allowed. An initial premium is payable upon delivery of the policy. Subsequent premiums may be paid at any time and in any amount, subject to Company rules.

H. Underwriting Classes

The following underwriting classes are available with this policy:

- Preferred Plus Non-tobacco
- Preferred Non-tobacco
- Standard Plus Non-tobacco
- Standard Non-tobacco
- Preferred Tobacco
- Standard Tobacco
- Substandard Non-tobacco
- Substandard Tobacco

Policy charges and consequently Policy Values will differ by Underwriting Class.

I. Monthly Guarantee Premium For First Year (MGP1) Provision

The policy contains a Monthly Guarantee Premium provision which states that the policy will not terminate on a Monthly Deduction Day within the Guarantee Period if, on such day:

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds:
2. The sum of the Monthly Guarantee Premiums from the date of issue, including the current month, accumulated with interest.

The Guarantee Period begins on the policy date of issue and continues to the first policy anniversary. The interest rates used for purposes of determining whether the policy satisfies the requirements of the provision are shown on the policy schedule.

J. Monthly Guarantee Premium (MGP) Provision

The policy contains a Monthly Guarantee Premium provision which states that the policy will not terminate on a Monthly Deduction Day within the Guarantee Period if, on such day:

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds:
2. The sum of the Monthly Guarantee Premiums from the date of issue, including the current month, accumulated with interest.

The Guarantee Period begins on the policy date of issue and continues to the earlier of the 30th policy anniversary or the policy anniversary nearest the insured's 90th birthday. The interest rates used for purposes of determining whether the policy satisfies the requirements of the provision are shown on the policy schedule.

II. BASIS OF VALUES

A. Interest

The minimum guaranteed interest rate applied to amounts allocated to the Declared Interest Account is 3% per annum. However, the company may apply an increased interest greater than 3% to amounts allocated to the Declared Interest Account.

Because of the retrospective approach used for the calculation of accumulation values, the use of an increased rate of interest produces increased accumulation values. Therefore, such use is not in conflict with the maximum interest rate defined in the Standard Nonforfeiture Law.

The amounts allocated to the Index Accounts have no minimum guaranteed interest rate.

A different additional rate of interest may be applied to the amount of Accumulation Value equal to an outstanding policy loan. The credited interest rate applied to the loaned portion of the Accumulation Value will be an annual effective rate of 3.0%.

B. 1-Year Index Interest

Index Interest, if applicable, will be credited at the end of each 1-Year Index Account period. Each Indexed Account will have a duration of 1 year. Index Interest is defined as the Eligible Value multiplied by the Index Interest Percentage.

The Eligible Value at the end of each Index Account period is defined as the sum of the unloaned Accumulation Values on each monthversay in this Index Account starting 1 month from the beginning of the Index Account during the index Account Period; divided by 12.

The Index Interest Percentage will be calculated at the end of each Index Account period by multiplying the Adjusted Index Return by the Participation Rate. The Index Interest Percentage can never be less than zero.

The Adjusted Index Return is calculated as the averaged index values of three indices, Standard & Poor's 500 Composite Stock Price Index™ (S&P Index), Dow Jones EURO STOXX 50®, HIS Services' Hang Seng Index during the Index Interest period. The index Return of an index is defined as

- (1) the sum of the index values at the end of each month during the 1-year period; then
- (2) divided by 12; then
- (3) divided by the beginning index value; then
- (4) minus 1

Adjusted Index Return

= Factor 1 * the highest Index Return of the 3 indices +
Factor 2 * the next highest Index Return of the 3 indices +
Factor 3 * the lowest Index Return of the 3 indices

The Index Return for each index is the percentage change in the index over the applicable 1-year period, excluding dividends paid to owners of any securities. The three factors are shown on the Policy Schedule. They are guaranteed and will not change.

The Participation Rate is the percentage of the Adjusted Index Return that will be used to calculate the Index Interest, if any. The Participation Rate will be declared on each anniversary and is guaranteed for entire Index Interest period. The Participation Rate may be changed on each anniversary but it will never be less than 0% or more than 100%. The Index Interest percentage can never be less than zero. Any premiums received on the policy monthiversary will create an Index Account with duration of 1 years. Any premiums received after the policy monthiversary will be placed in the interim fund until the next policy monthiversary. These premiums will receive a company declared interest rate, which will never be less than 3%.

D. 5-Year Index Interest

Index Interest, if applicable, will be credited at the end of each 5-year Index Account period. Each Indexed Account will have a duration 5 years. Index Interest is defined as the Eligible Value multiplied by the Index Interest Percentage.

The Eligible Value at the end of each Index Account period is defined as the sum of the unloaned Accumulation Values on each monthiversary in this Index Account starting 1 month from the beginning of the Index Account during the Index Account period; divided by 60.

The Indexed Interest Percentage will be calculated at the end of each Index Account period by multiplying the Adjusted Index Return by the Participation Rate. The Indexed Interest Percentage can never be less than zero.

The Adjusted Index Return is calculated as the beginning to the ending of the Indexed Interest Period growth of three indices, Standard & Poor's 500 Composite Stock Price Index™ (S&P Index), Dow Jones EURO STOXX 50®, HIS Services' Hang Seng Index. The Index Return of an index is defined as the ending index value divided by beginning index value; and minus 1.

Adjusted Index Return

= Factor 1 * the highest Index Return of the 3 indices +
Factor 2 * the next highest Index Return of the 3 indices +
Factor 3 * the lowest Index Return of the 3 indices

The Index Return for each index is the percentage change in the index over the applicable 5-year period, excluding dividends paid to owners of any securities. The three factors are shown on the Policy Schedule. They are guaranteed and will not change.

The Participation Rate is the percentage of the Adjusted Index Return that will be used to calculate the Indexed Interest, if any. The Participation Rate will be declared on each

anniversary and is guaranteed for entire Index Interest period. The Participation Rate may be changed on each anniversary but it will never be less than 15% or more than 100%. The Indexed Interest percentage can never be less than zero. Any premiums received on the policy monthiversary will create an Index Account with duration of 5 years. Any premiums received after the policy monthiversary will be placed in the interim fund until the next policy monthiversary. These premiums will receive a company declared interest rate, which will never be less than 3%.

B. Cost of Insurance

The guaranteed maximum cost of insurance rates applied in the determination of accumulation values for insureds with a Standard underwriting rating class are based on the Composite 2001 Commissioners' Standard Ordinary, Male\Female\Table B Ultimate, Age Near Birthday (ANB) Mortality Table. The guaranteed maximum cost of insurance rates have been included in Table 1.

The guaranteed rates for substandard lives reflect appropriate additions for medical impairments, and special hazards.

The company may use cost of insurance rates lower than such guaranteed maxima, thus producing lower costs of insurance and higher accumulation values than those generated by the guaranteed cost of insurance rates.

C. Expense Charges

A monthly administration fee is deducted at the beginning of each policy month. The guaranteed maximum monthly administration charge is \$7.00 monthly.

A monthly expense charge will be deducted during the first five policy years. Monthly expense charge also will be deducted during the first five policy years following an increase in the specified amount. The table of monthly expense charges is included in Table 2.

The maximum percent of premium load is 9%.

C. Basis of Values

The same basis of values applies whether or not the policy is currently in a premium paying status.

D. Monthly Basis

The policy provides for the determination of accumulation values on a monthly basis, using the retrospective approach described in Section III. The policy also provides for a cash surrender value, applicable only upon surrender of the policy prior to the maturity date.

III. POLICY VALUE FORMULAS

The following is a definition of terms used in the Adjustable Life cash value formulas:

t = policy month as measured from original issue date.

${}_tq_x^m = [1 - (1 - {}_tq_x)^{1/12}] / (1 - {}_tq_x)^{1/12}$, where ${}_tq_x$ is the Composite 2001 CSO Male\Female\Table B Ultimate ANB mortality rate for age x , where x is the "age nearest birthday" as of the policy anniversary prior to month t , capped at 83.33 per \$1000 (see Table 1).

i_t = interest rate applied to cash value for month t . This is the monthly equivalent of the guaranteed interest rate for Declared Interest Account of 3% annual rate, or $((1.03)^{1/12} - 1) = 0.002466$

${}_tF$ = Total death benefit at the beginning of month t .

${}_tAF$ = Monthly administrative fee = \$7.00.

${}_tEC$ = Monthly Expense Charge per \$1,000 of Specified Amount for the first five policy years. (see Table 2).

${}_tG$ = Gross premium collected in month t .

${}_tPPL$ = Percentage of Premium Load for month t .

${}_tP$ = Net premium credited to the cash value in month t .
 $= (1 - PPL_t) * G_t$

${}_tC$ = monthly cost of insurance for month t , calculated as:

$$= {}_tq_x^m \left(\frac{{}_tF}{1 + i_t} - ({}_{t-1}AV_x + {}_tP - {}_tAF - {}_tEC) \right)$$

${}_tAV$ = accumulation value at end of month t
 $= ({}_{t-1}AV + {}_tP - {}_tAF - {}_tEC - {}_tC) * (1 + i_t)$

${}_tSC$ = surrender charge for month t

${}_tCV$ = Cash value at the end of policy month $t = {}_tAV - {}_tSC$

IV. DEMONSTRATION OF STANDARD NONFORFEITURE LAW COMPLIANCE

The following discussion assumes that all amounts under this policy have been allocated to the Declared Account, since that is the only investment option that has a guaranteed interest rate.

The premium load policy and the maximum monthly administration fee of \$7.00 are level charges throughout the lifetime of the policy. In order to demonstrate compliance with the Standard Nonforfeiture Law interpreted by NAIC Universal Life Insurance Model Regulation, we must demonstrate that the surrender charge is less than the unamortized expense allowance.

The formula for the SNFL maximum expense allowance is:

$$E = .01 * AAI + 1.25 * \min \left\{ \begin{array}{l} P_x * AAI \\ .04 * AAI \end{array} \right\}$$

Where AAI = the average amount of insurance for the first 10 policy years.

The formula for the unamortized expense allowance for year t is:

$$(E - ECPT) * \frac{\ddot{a}_{x+t}}{\ddot{a}_x}$$

The surrender charge (in Table 3) for every issue age at all duration's is less than the unamortized expense allowances (in Table 4).

The curtate commutation functions in Table 5 were calculated using the Composite 2001 CSO Male/Female/Table B, Ultimate ANB Mortality Tables with 3% interest.

In conclusion, we have demonstrated that the surrender charges are less than the unamortized expense allowances; consequently, the cash surrender values exceed the minimum nonforfeiture values.

Sample Calculation, Age 35 Male Preferred Plus Non-tobacco

E = SNFL expense allowance

$$\begin{aligned} &= 10 + (1.25 * P_x) \\ &= 10 + (1.25 * 12.2855) \\ &= 25.3568 \end{aligned}$$

Unamortizable expense allowance in year 5

$$\begin{aligned} &= (E - ECPT) * \frac{\ddot{a}_{40}}{\ddot{a}_{35}} \\ &= (25.3568 - 3.12) * \frac{\ddot{a}_{40}}{\ddot{a}_{35}} \\ &= 22.2368 * \frac{22.6932}{24.1478} \\ &= 20.8973 \end{aligned}$$

Surrender Charge in year 5 = 12.00

Surrender charge \leq unamortized expense allowance

$$12.00 \leq 20.8973$$

Election of the indexed interest option will never cause cash values to be lower than minimum required cash values.

V. STATUTORY RESERVES.

The statutory reserves are defined by the Standard Valuation Law and the regulations for Universal Life Insurance that interpret the Standard Valuation Law and techniques and mortality tables outlined in the proposed Valuation of Life Insurance Policies Model Regulation. The prescribed method for reserves is the Commissioners Reserve Valuation Method (CRVM) based on Composite 2001 CSO Male\Female Ultimate Mortality Tables, Age Near Birthday. The interest rate used in this demonstration is 4.0%.

Additionally, reserves for the Monthly Guarantee Premium provision will be calculated in accordance with Model #830 and Actuarial Guideline 38. The minimum premiums used to calculate reserves will be the premiums described in section 7A(4) of Model #830.

Basic Reserves for the Monthly Guarantee Premium provision are calculated using the 2001 CSO Male/Female, Smoker/Nonsmoker, Select and Ultimate, ANB Mortality Tables and 4% interest.

Deficiency Reserves for the Monthly Guarantee Premium provision are calculated using the 2001 CSO Male/Female, Smoker/Nonsmoker, Select and Ultimate, ANB Mortality Tables, the appropriate X factors and 4% interest.

Definition of terms

$PVFB_0$ = Present Value of Future guaranteed Benefits at issue assuming the future Guaranteed Maturity Premiums are paid.

$PVFB_t$ = Present Value of Future guaranteed Benefits at the end of policy year t.

AV_t = Accumulation value of the policy at the end of policy year t.

GMP = Guaranteed Maturity Premiums as defined in the regulations. GMP is the level gross premium that will mature the policy based on guarantees at issue.

GMF_t = Guaranteed Maturity Fund at the end of policy year t as defined in the regulations.

r_t = Multiplier used in calculating the reserve at the end of year t as defined in the regulations.

$$r_t = \min \left\{ \frac{AV_t}{GMF_t}; 1 \right\}$$

β_x = CRVM renewal net premium

If $\beta_x \leq {}_{19}\bar{P}_{x+1} * ELA_x$ where $ELA_x = \frac{PVFB_0}{A_x}$, then

$$\alpha_x = \bar{c}_x$$

$$\beta_x = ELA_x * \frac{\bar{A}_{x+1}}{a_{x+1}}$$

If $\beta_x > {}_{19}\bar{P}_{x+1} * ELA_x$, then

$$\alpha_x = \beta_x - \left(({}_{19}\bar{P}_{x+1} * ELA_x) - \bar{c}_x \right)$$

$$\beta_x = ELA_x * P_x + \frac{({}_{19}\bar{P}_{x+1} * ELA_x) - \bar{c}_x}{\ddot{a}_x}$$

${}_t\bar{V}_x$ = Reserve at the end of policy year t

$$= (PVFB_t - (\beta_x * \ddot{a}_{x+t})) * r_t \quad \text{for } GMP \geq \beta_x$$

$$= (PVFB_t - (GMP * \ddot{a}_{x+t})) * r_t \quad \text{for } GMP < \beta_x$$

The reserve held will be the greater of the following:

- 1) ${}_t\bar{V}_x$, the CRVM reserve assuming benefits based on payment of the GMP;
- 2) ${}_tCV_x$, the cash surrender value at the end of policy year t;
- 3) the Segmented Basic Reserve; and
- 4) the Segmented Minimum Reserve

Sample Reserve Calculation

\$100,000 Specified Amount

Male, Age 35, Preferred Plus Non-tobacco Use

Planned Periodic Premium paid annually: \$1525.16

Statutory Reserve Basis: 2001 CSO ANB, Male, Continuous Commutation functions, 4.0% interest. Continuous Commutation Functions are included in Table 6.

5th year terminal reserve calculation

$$\text{GMP} = 1525.16$$

$$\text{GMF}_5 = 4744.74$$

$$\text{AV}_5 = 4744.74$$

$${}_5\text{CV}_{35} = 3544.74$$

PVFB₅ is based on the greater of AV₅ and GMF₅ guarantees, and payment of GMP whenever a premium is due. Because GMF₅ = AV₅, the death benefit is the same as the death benefit generated by future policy guarantees: \$100,000 through policy year 86.

$$\text{ELA}_{35} = 100,000$$

$${}_{19}\bar{P}_{36} = \frac{100,000 * \bar{M}_{36}}{\bar{N}_{36} - \bar{N}_{55}} = \frac{100000 * 517381.64}{47277220.58 - 16045259.46} = 1656.58$$

Assume $\beta_{35} < {}_{19}\bar{P}_{35}$ so

$$\beta_{35} = \frac{100,000 * \bar{M}_{36}}{\bar{N}_{36}} = \frac{100,000 * 517381.64}{47277220.58} = 1094.36$$

β_{35} is less than ${}_{19}\bar{P}_{36}$ so $\beta_{35} = 1094.36$

$$\begin{aligned}\text{PVFB}_5 &= 100,000 * \frac{\bar{M}_{40}}{D_{40}} \\ &= 100,000 * \frac{505152.55}{2015948.53} \\ &= 25057.81\end{aligned}$$

$$\bar{a}_{40} = \frac{\bar{N}_{40}}{D_{40}} = \frac{38520359.79}{2015948.53} = 19.11$$

$$r_5 = \frac{\text{AV}_5}{\text{GMF}_5} = \frac{4744.74}{4744.74} = 1.0$$

$$\begin{aligned}{}_5V_{35} &= (\text{PVFB}_5 - (\beta_{35} * \bar{a}_{40})) * r_5 \\ &= (25057.81 - (1094.36 * 19.11)) * 1.0 \\ &= 4144.59\end{aligned}$$

Since ${}_5\text{CV}_{35} = 3544.74$ the base reserve is 4144.59.

VI. RESERVE METHOD FOR INDEX INTEREST OPTION.

Reserves for index interest option will follow Actuarial Guideline (AG) 36 – The Application of the Commissioners’ Reserve Valuation Method (CRVM) to Equity Indexed Life Insurance Policies. Under AG 36, we will follow the Type 2 methodology.

VII. INVESTMENT PLAN AND HEDGING POLICY FOR INDEX OPTION.

A. Investment Plan

For amounts allocated to the Excess Interest Account, the expected investment strategy calls for liabilities to be supported by a mix of fixed income assets, selected and managed by applying the Company’s general fixed universal life investment guidelines to this product.

For amounts allocated to the indexing strategies, it is expected that call options will be purchased and sold to hedge the potential equity returns available under the interest crediting formulas, with the aforementioned fixed income assets comprising the remainder of supporting investment. In particular, call options will be purchased as a hedge for each indexing term. Distinct option positions will be maintained for each indexing interest crediting strategy, with their option payoff formulas and parameters such as strike price and maturity selected such that their payoff effectively hedges the corresponding interest credited. Call option notional amounts will be determined by aggregating contracts with similar prospective indexing interest credited characteristics.

Cash flow testing, which will be done at least annually on this block of business, will be an integral part of the ongoing examination and revision of the investment plan supporting this product.

B. Hedging Responsibilities

The hedging strategy is determined and approved by the Investment Committee of the Company’s Board of Directors. The hedging policy cannot be changed without Investment Committee approval.

The day-to-day decision to implement a particular hedge is made by the actuarial department. The actuarial department will monitor the process to ensure that hedges are implemented appropriately.

Counterparties are approved by the credit risk committee of the Company. The criteria for approving the counterparties involves the credit rating of the counterparty as well as the Company overall exposure to the counterparty and their affiliates. In addition to approval, exposure limits are set for each counterparty.

The following eight counterparties have been approved by the credit risk committee:

Barclays Bank PLC
Bank of America N.A.
Bear Stearns International Limited
BNP Paribas
Lehman Brothers OTC Derivatives, Inc.
Merrill Lynch International
UBS AG London
Wachovia Bank, N.A.

Other counterparties may be added that go through the approval process. In addition, ISDA agreements must be in place before we execute trades with any counterparty.

Suitability of assets is analyzed using cash flow testing. Option terms are structured to mimic the liability.

C. Hedging Policy

Hedging Instruments

See the aforementioned investment plan for a description of the hedging instruments.

Liquidity Risk

The contract provides the Company with the right to discontinue indexing interest crediting. In addition, the Company has several choices if it wishes to close out a hedging call option position:

- Sell it for the best available price. Possible purchasers include investment banks or other retail companies wishing to offer a similar indexing product feature
- Redirect the call options to hedge other contracts
- Use other instruments to modify the existing hedge portfolio so that it better matches the liability of remaining contracts

Credit Risk

Current Company practice is to only enter into call option contracts with highly rated counterparties.

Market Risk

The equity indexing portions of both assets and liabilities will both be valued using current market conditions, so any changes in their market values should be of the same order of magnitude. Hence hedge effectiveness should not be impacted by changes in the hedge's market value. There will be some fluctuations in earnings to the extent that market value changes are not identical, but they are not expected to be significant.

Pricing Risk

The Company maintains the right to adjust participation rates, as applicable, at the beginning of each indexing term. Participation rates, as applicable, will be periodically reviewed and evaluated as to their need for adjustment to reflect current option prices.

Nonetheless, there will be some pricing risk to the extent option costs vary between the date that participation, as applicable, are set and the date that the hedge is purchased. This risk is akin to that which the Company would assume when setting credited rates on fixed interest universal life. The net effect on earnings may be favorable or unfavorable, but is not expected to be significant.

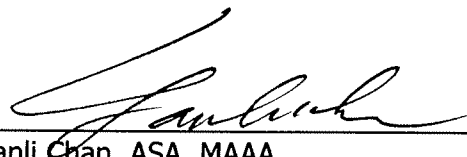
Legal Risk

The Company executes a contract when purchasing a new hedge. The contract uses standard investment industry terminology, so that each party's responsibilities are clear. In addition, the Company is large, has extensive experience with derivative dealers, and sufficient legal staff to support any necessary legal actions.

Operational Risk

There will be clearly documented rules regarding the amount, parameters and dates for hedge purchases.

Staff will be adequately trained. The actuarial department will continuously monitor inforce hedges to ensure that they continue to appropriately hedge the block of business, and if necessary effect additional transactions to better match the hedged contract liabilities.



Yanli Chan, ASA, MAAA
Associate Actuary/Product Design & Development
April 28, 2008

American General Life Insurance Company

Form No. 08444

Table 1

Monthly Guaranteed Mortality Rates Per \$1000

<u>Age</u>	<u>MALE</u>	<u>FEMALE</u>	<u>UNISEX</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Unisex</u>
0	0.08087	0.04001	0.07253	60	0.82608	0.67041	0.79492
1	0.04668	0.02917	0.04334	61	0.91711	0.72675	0.87832
2	0.03250	0.02166	0.03000	62	1.02766	0.78650	0.97869
3	0.02250	0.01666	0.02166	63	1.15106	0.84967	1.08934
4	0.01750	0.01583	0.01750	64	1.28059	0.91879	1.20691
5	0.01750	0.01500	0.01666	65	1.41713	0.99389	1.33060
6	0.01833	0.01500	0.01750	66	1.55476	1.07581	1.45619
7	0.01833	0.01750	0.01833	67	1.69264	1.16629	1.58368
8	0.01833	0.01750	0.01833	68	1.84271	1.26619	1.72246
9	0.01916	0.01750	0.01916	69	1.99564	1.37555	1.86576
10	0.01916	0.01833	0.01916	70	2.17802	1.49866	2.03499
11	0.02250	0.01916	0.02166	71	2.38231	1.63984	2.22518
12	0.02750	0.02250	0.02667	72	2.65526	1.79578	2.47175
13	0.03250	0.02500	0.03083	73	2.94043	1.96657	2.73034
14	0.03917	0.02750	0.03667	74	3.24057	2.15488	3.00452
15	0.05085	0.02917	0.04668	75	3.57416	2.36083	3.30752
16	0.06169	0.03250	0.05585	76	3.93902	2.58715	3.63791
17	0.07253	0.03417	0.06502	77	4.36467	2.83575	4.01975
18	0.07837	0.03584	0.07003	78	4.86366	3.11031	4.46174
19	0.08171	0.03834	0.07336	79	5.44276	3.41198	4.96936
20	0.08337	0.03917	0.07420	80	6.07850	3.74457	5.52328
21	0.08337	0.04001	0.07503	81	6.80774	4.20522	6.17413
22	0.08504	0.04167	0.07670	82	7.57149	4.72089	6.86055
23	0.08588	0.04167	0.07670	83	8.40042	5.24181	7.59079
24	0.08754	0.04334	0.07837	84	9.32757	5.82016	8.40228
25	0.08921	0.04501	0.08004	85	10.38212	6.46808	9.31535
26	0.09338	0.04668	0.08421	86	11.56722	7.06301	10.29353
27	0.09756	0.05001	0.08838	87	12.87882	7.96313	11.43282
28	0.09756	0.05251	0.08838	88	14.30705	8.91871	12.65181
29	0.09589	0.05501	0.08754	89	15.84058	9.94967	13.94604
30	0.09505	0.05668	0.08754	90	17.47054	10.89370	15.24789
31	0.09422	0.06085	0.08754	91	19.02863	11.36812	16.29269
32	0.09422	0.06419	0.08838	92	20.68461	12.34234	17.52066
33	0.09589	0.06836	0.09005	93	22.46745	13.79851	18.97222
34	0.09839	0.07336	0.09338	94	24.39302	15.68026	20.66396
35	0.10089	0.08087	0.09672	95	26.47561	18.09932	22.68355
36	0.10674	0.08588	0.10256	96	28.42724	20.44899	24.62592
37	0.11174	0.09255	0.10757	97	30.56000	22.96291	26.76759
38	0.12009	0.09756	0.11592	98	32.89883	23.37594	27.90470
39	0.12844	0.10256	0.12343	99	35.47494	24.86065	29.59716
40	0.13762	0.10840	0.13177	100	38.32308	27.24718	31.84721
41	0.14931	0.11508	0.14263	101	40.65161	29.90458	34.04178
42	0.16350	0.12343	0.15515	102	43.20717	32.94073	36.60255
43	0.17937	0.13261	0.17018	103	46.02011	36.42589	39.60096
44	0.19942	0.14346	0.18856	104	49.12438	40.44623	43.12057
45	0.22115	0.15599	0.20778	105	52.56181	45.03454	47.20894
46	0.24204	0.17102	0.22783	106	56.38257	50.02631	51.76130
47	0.26462	0.18939	0.24957	107	60.65303	55.48139	56.82753
48	0.27800	0.20861	0.26378	108	65.44959	61.36566	62.38781
49	0.29389	0.23201	0.28134	109	70.87254	67.98102	68.68355
50	0.31397	0.25709	0.30225	110	77.05095	75.34726	75.75322
51	0.33907	0.28469	0.32819	111	77.67886	76.14553	76.51090
52	0.37340	0.31648	0.36168	112	78.30676	76.94381	77.26858
53	0.41193	0.35079	0.39936	113	78.93467	77.74208	78.02625
54	0.45970	0.38680	0.44545	114	79.56257	78.54036	78.78393
55	0.51589	0.42617	0.49743	115	80.19048	79.33863	79.54161
56	0.57548	0.47060	0.55449	116	80.81838	80.13690	80.29929
57	0.63931	0.51757	0.61495	117	81.44629	80.93518	81.05697
58	0.69227	0.56876	0.66704	118	82.07419	81.73345	81.81464
59	0.75283	0.61831	0.72591	119	82.70210	82.53173	82.57232
				120	83.33000	83.33000	83.33000

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Table 2
Monthly Expense Charges per \$1000 of Specified Amount

<u>Issue</u> <u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Unisex</u>	<u>Issue</u> <u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Unisex</u>
0	0.092	0.077	0.089	40	0.308	0.272	0.301
1	0.092	0.077	0.089	41	0.322	0.283	0.314
2	0.092	0.077	0.089	42	0.336	0.294	0.328
3	0.099	0.077	0.095	43	0.350	0.306	0.341
4	0.099	0.077	0.095	44	0.364	0.317	0.355
5	0.107	0.085	0.103	45	0.378	0.328	0.368
6	0.107	0.085	0.103	46	0.391	0.341	0.381
7	0.107	0.093	0.104	47	0.404	0.354	0.394
8	0.107	0.093	0.104	48	0.416	0.368	0.406
9	0.115	0.101	0.112	49	0.429	0.381	0.419
10	0.122	0.101	0.118	50	0.442	0.394	0.432
11	0.122	0.108	0.119	51	0.455	0.409	0.446
12	0.130	0.108	0.126	52	0.468	0.424	0.459
13	0.138	0.108	0.132	53	0.480	0.440	0.472
14	0.138	0.108	0.132	54	0.493	0.455	0.485
15	0.138	0.116	0.134	55	0.506	0.470	0.499
16	0.145	0.124	0.141	56	0.524	0.484	0.516
17	0.145	0.124	0.141	57	0.541	0.498	0.532
18	0.153	0.132	0.149	58	0.559	0.513	0.550
19	0.153	0.140	0.150	59	0.576	0.527	0.566
20	0.153	0.148	0.152	60	0.594	0.541	0.583
21	0.158	0.153	0.157	61	0.605	0.559	0.596
22	0.164	0.158	0.163	62	0.616	0.576	0.608
23	0.169	0.163	0.168	63	0.628	0.594	0.621
24	0.175	0.168	0.174	64	0.639	0.611	0.633
25	0.180	0.173	0.179	65	0.650	0.629	0.646
26	0.188	0.178	0.186	66	0.664	0.637	0.659
27	0.195	0.183	0.193	67	0.678	0.645	0.671
28	0.203	0.188	0.200	68	0.692	0.654	0.684
29	0.210	0.193	0.207	69	0.706	0.662	0.697
30	0.218	0.198	0.214	70	0.720	0.670	0.710
31	0.226	0.205	0.222	71	0.746	0.694	0.736
32	0.235	0.212	0.230	72	0.772	0.718	0.761
33	0.243	0.219	0.238	73	0.798	0.742	0.787
34	0.252	0.226	0.247	74	0.824	0.766	0.812
35	0.260	0.233	0.255	75	0.850	0.790	0.838
36	0.270	0.241	0.264	76	0.916	0.834	0.900
37	0.279	0.249	0.273	77	0.982	0.878	0.961
38	0.289	0.256	0.282	78	1.048	0.922	1.023
39	0.298	0.264	0.291	79	1.114	0.966	1.084
				80	1.180	1.010	1.146

American General Life Insurance Company
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Table 3
Surrender Charge per \$1000 of Specified Amount
Male

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
0	3	3	3	4	4	4	3	2	2	0
1	3	3	3	4	4	4	3	2	2	0
2	3	3	3	4	4	4	3	2	2	0
3	3	3	3	4	4	4	3	2	2	0
4	3	3	3	4	4	4	3	2	2	0
5	3	3	3	4	4	4	3	3	2	0
6	3	3	3	4	5	4	3	3	2	0
7	3	3	3	4	5	4	4	3	2	0
8	4	4	4	5	5	5	4	3	2	0
9	4	4	4	5	5	5	4	3	2	0
10	4	4	4	5	5	5	4	3	2	0
11	4	4	4	5	5	5	4	3	2	0
12	4	4	4	5	6	5	4	3	2	0
13	4	4	4	5	6	5	4	3	2	0
14	4	4	4	5	6	5	4	3	2	0
15	4	4	4	6	6	6	4	3	2	0
16	4	4	4	6	6	6	5	3	2	0
17	5	5	5	6	7	6	5	4	2	0
18	5	5	5	6	7	6	5	4	3	0
19	5	5	5	6	7	6	5	4	3	0
20	5	5	5	7	7	7	5	4	3	0
21	5	5	5	7	8	7	5	4	3	0
22	5	5	5	7	8	7	6	4	3	0
23	6	6	6	7	8	7	6	4	3	0
24	6	6	6	8	8	8	6	5	3	0
25	6	6	6	8	9	8	6	5	3	0
26	6	6	6	8	9	8	6	5	3	0
27	6	6	6	8	9	8	7	5	3	0
28	7	7	7	9	10	9	7	5	4	0
29	7	7	7	9	10	9	7	5	4	0
30	7	7	7	9	10	9	7	5	4	0
31	7	7	7	9	10	9	7	6	4	0
32	7	7	7	10	11	10	8	6	4	0
33	8	8	8	10	11	10	8	6	4	0
34	8	8	8	10	12	10	8	6	4	0
35	8	8	8	11	12	11	9	6	4	0
36	8	8	8	11	12	11	9	7	4	0
37	9	9	9	12	13	12	9	7	5	0
38	9	9	9	12	13	12	9	7	5	0
39	9	9	9	12	14	12	10	7	5	0

American General Life Insurance Company

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Table 3

**Surrender Charge per \$1000 of Specified Amount
Male**

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
40	10	10	10	13	14	13	10	7	5	0
41	10	10	10	13	15	13	10	8	5	0
42	10	10	10	14	15	14	11	8	5	0
43	11	11	11	14	16	14	11	8	6	0
44	11	11	11	14	16	14	11	9	6	0
45	11	11	11	15	17	15	12	9	6	0
46	12	12	12	15	17	15	12	9	6	0
47	12	12	12	16	18	16	13	9	6	0
48	13	13	13	17	18	17	13	10	6	0
49	13	13	13	17	19	17	13	10	7	0
50	13	13	13	18	20	18	14	10	7	0
51	14	14	14	18	20	18	14	11	7	0
52	14	14	14	19	21	19	15	11	7	0
53	15	15	15	19	22	19	15	11	8	0
54	15	15	15	20	22	20	16	12	8	0
55	16	16	16	21	23	21	16	12	8	0
56	16	16	16	21	24	21	17	12	8	0
57	17	17	17	22	24	22	17	13	8	0
58	17	17	17	23	25	23	18	13	9	0
59	18	18	18	23	26	23	18	13	9	0
60	18	18	18	24	27	24	19	14	9	0
61	19	19	19	25	27	25	19	14	9	0
62	19	19	19	25	28	25	20	15	10	0
63	20	20	20	26	29	26	20	15	10	0
64	20	20	20	27	30	27	21	16	10	0
65	21	21	21	28	31	28	22	16	11	0
66	21	21	21	28	31	28	22	16	11	0
67	22	22	22	29	32	29	23	17	11	0
68	22	22	22	29	31	29	23	17	11	0
69	23	23	23	30	31	29	24	17	11	0
70	23	23	23	31	30	28	24	18	12	0
71	23	23	23	30	29	27	24	18	12	0
72	24	24	24	29	27	26	24	18	12	0
73	24	24	24	27	26	24	23	18	12	0
74	24	24	24	25	24	23	22	18	12	0
75	25	25	25	24	23	21	20	19	12	0
76	24	24	24	23	22	21	19	18	12	0
77	23	23	23	22	21	20	19	17	12	0
78	22	22	22	21	20	19	18	17	13	0
79	21	21	21	20	19	18	17	16	13	0
80	20	20	20	19	18	17	16	15	13	0

American General Life Insurance Company
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Table 3
Surrender Charge per \$1000 of Specified Amount
Female

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
0	2	2	2	3	3	3	2	2	1	0
1	2	2	2	3	3	3	3	2	1	0
2	3	3	3	3	4	3	3	2	2	0
3	3	3	3	3	4	3	3	2	2	0
4	3	3	3	3	4	3	3	2	2	0
5	3	3	3	4	4	4	3	2	2	0
6	3	3	3	4	4	4	3	2	2	0
7	3	3	3	4	4	4	3	2	2	0
8	3	3	3	4	4	4	3	2	2	0
9	3	3	3	4	4	4	3	3	2	0
10	3	3	3	4	5	4	3	3	2	0
11	3	3	3	4	5	4	3	3	2	0
12	3	3	3	4	5	4	4	3	2	0
13	4	4	4	5	5	5	4	3	2	0
14	4	4	4	5	5	5	4	3	2	0
15	4	4	4	5	5	5	4	3	2	0
16	4	4	4	5	6	5	4	3	2	0
17	4	4	4	5	6	5	4	3	2	0
18	4	4	4	5	6	5	4	3	2	0
19	4	4	4	6	6	6	4	3	2	0
20	4	4	4	6	6	6	5	4	2	0
21	5	5	5	6	7	6	5	4	3	0
22	5	5	5	6	7	6	5	4	3	0
23	5	5	5	6	7	6	5	4	3	0
24	5	5	5	7	7	7	5	4	3	0
25	5	5	5	7	8	7	5	4	3	0
26	5	5	5	7	8	7	6	4	3	0
27	6	6	6	7	8	7	6	4	3	0
28	6	6	6	8	8	8	6	5	3	0
29	6	6	6	8	9	8	6	5	3	0
30	6	6	6	8	9	8	6	5	3	0
31	6	6	6	8	9	8	7	5	3	0
32	7	7	7	9	10	9	7	5	4	0
33	7	7	7	9	10	9	7	5	4	0
34	7	7	7	9	10	9	7	6	4	0
35	7	7	7	10	11	10	8	6	4	0
36	8	8	8	10	11	10	8	6	4	0
37	8	8	8	10	11	10	8	6	4	0
38	8	8	8	11	12	11	8	6	4	0
39	8	8	8	11	12	11	9	6	4	0

American General Life Insurance Company
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Table 3
Surrender Charge per \$1000 of Specified Amount
Female

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
40	9	9	9	11	12	11	9	7	5	0
41	9	9	9	12	13	12	9	7	5	0
42	9	9	9	12	13	12	10	7	5	0
43	9	9	9	12	14	12	10	7	5	0
44	10	10	10	13	14	13	10	8	5	0
45	10	10	10	13	15	13	10	8	5	0
46	10	10	10	14	15	14	11	8	5	0
47	11	11	11	14	16	14	11	8	6	0
48	11	11	11	15	16	15	12	9	6	0
49	12	12	12	15	17	15	12	9	6	0
50	12	12	12	16	17	16	12	9	6	0
51	12	12	12	16	18	16	13	10	6	0
52	13	13	13	17	19	17	13	10	7	0
53	13	13	13	17	19	17	14	10	7	0
54	14	14	14	18	20	18	14	10	7	0
55	14	14	14	18	20	18	14	11	7	0
56	14	14	14	19	21	19	15	11	7	0
57	15	15	15	20	22	20	15	11	8	0
58	15	15	15	20	22	20	16	12	8	0
59	16	16	16	21	23	21	16	12	8	0
60	16	16	16	21	24	21	17	12	8	0
61	17	17	17	22	24	22	17	13	8	0
62	17	17	17	23	25	23	18	13	9	0
63	18	18	18	23	26	23	18	14	9	0
64	18	18	18	24	27	24	19	14	9	0
65	19	19	19	25	27	25	19	14	10	0
66	19	19	19	25	28	25	20	15	10	0
67	19	19	19	26	29	26	20	15	10	0
68	20	20	20	26	29	26	21	15	10	0
69	20	20	20	27	30	27	21	15	10	0
70	21	21	21	28	31	28	22	16	10	0
71	21	21	21	28	30	28	22	16	10	0
72	21	21	21	28	29	28	22	16	10	0
73	22	22	22	29	28	26	22	16	11	0
74	22	22	22	28	27	25	23	16	11	0
75	22	22	22	27	26	24	23	17	11	0
76	22	22	22	26	24	23	22	17	11	0
77	22	22	22	24	23	22	21	17	11	0
78	23	23	23	23	22	21	20	17	11	0
79	23	23	23	22	21	20	19	17	11	0
80	22	22	22	21	20	19	18	17	11	0

American General Life Insurance Company
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Table 3
Surrender Charge per \$1000 of Specified Amount
Unisex

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
0	3	3	3	4	4	4	3	2	2	0
1	3	3	3	4	4	4	3	2	2	0
2	3	3	3	4	4	4	3	2	2	0
3	3	3	3	4	4	4	3	2	2	0
4	3	3	3	4	4	4	3	2	2	0
5	3	3	3	4	4	4	3	3	2	0
6	3	3	3	4	5	4	3	3	2	0
7	3	3	3	4	5	4	3	3	2	0
8	4	4	4	5	5	5	4	3	2	0
9	4	4	4	5	5	5	4	3	2	0
10	4	4	4	5	5	5	4	3	2	0
11	4	4	4	5	5	5	4	3	2	0
12	4	4	4	5	6	5	4	3	2	0
13	4	4	4	5	6	5	4	3	2	0
14	4	4	4	5	6	5	4	3	2	0
15	4	4	4	6	6	6	5	3	2	0
16	5	5	5	6	6	6	5	4	3	0
17	5	5	5	6	7	6	5	4	3	0
18	2	2	2	3	3	3	2	2	1	0
19	2	2	2	3	3	3	3	2	1	0
20	5	5	5	6	7	6	5	4	3	0
21	5	5	5	7	7	7	5	4	3	0
22	5	5	5	7	8	7	5	4	3	0
23	5	5	5	7	8	7	6	4	3	0
24	6	6	6	7	8	7	6	4	3	0
25	6	6	6	8	8	8	6	5	3	0
26	6	6	6	8	9	8	6	5	3	0
27	6	6	6	8	9	8	6	5	3	0
28	6	6	6	8	9	8	7	5	3	0
29	7	7	7	9	10	9	7	5	4	0
30	7	7	7	9	10	9	7	5	4	0
31	7	7	7	9	10	9	7	6	4	0
32	7	7	7	10	11	10	8	6	4	0
33	8	8	8	10	11	10	8	6	4	0
34	8	8	8	10	11	10	8	6	4	0
35	8	8	8	11	12	11	8	6	4	0
36	8	8	8	11	12	11	9	6	4	0
37	9	9	9	11	12	11	9	7	5	0
38	9	9	9	12	13	12	9	7	5	0
39	9	9	9	12	13	12	9	7	5	0

American General Life Insurance Company

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Table 3

Surrender Charge per \$1000 of Specified Amount

Unisex

<u>Age</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10+</u>
40	9	9	9	12	14	12	10	7	5	0
41	10	10	10	13	14	13	10	8	5	0
42	10	10	10	13	15	13	10	8	5	0
43	10	10	10	14	15	14	11	8	5	0
44	11	11	11	14	16	14	11	8	6	0
45	11	11	11	15	16	15	12	9	6	0
46	11	11	11	15	17	15	12	9	6	0
47	12	12	12	16	17	16	12	9	6	0
48	12	12	12	16	18	16	13	9	6	0
49	13	13	13	17	19	17	13	10	7	0
50	13	13	13	17	19	17	14	10	7	0
51	14	14	14	18	20	18	14	10	7	0
52	14	14	14	18	20	18	14	11	7	0
53	14	14	14	19	21	19	15	11	7	0
54	15	15	15	20	22	20	15	11	8	0
55	15	15	15	20	22	20	16	12	8	0
56	16	16	16	21	23	21	16	12	8	0
57	16	16	16	21	24	21	17	12	8	0
58	17	17	17	22	24	22	17	13	8	0
59	17	17	17	23	25	23	18	13	9	0
60	18	18	18	23	26	23	18	14	9	0
61	18	18	18	24	27	24	19	14	9	0
62	19	19	19	25	28	25	19	14	9	0
63	19	19	19	26	28	26	20	15	10	0
64	20	20	20	26	29	26	21	15	10	0
65	20	20	20	27	30	27	21	16	10	0
66	21	21	21	28	31	28	22	16	11	0
67	21	21	21	28	31	28	22	16	11	0
68	22	22	22	29	31	29	23	17	11	0
69	22	22	22	29	31	29	23	17	11	0
70	23	23	23	30	30	29	24	17	11	0
71	23	23	23	30	29	27	24	17	11	0
72	23	23	23	29	27	26	24	18	11	0
73	23	23	23	27	26	25	23	18	11	0
74	24	24	24	26	25	23	22	18	12	0
75	24	24	24	25	23	22	21	18	12	0
76	24	24	24	23	22	21	20	18	12	0
77	24	24	24	22	21	20	19	18	12	0
78	23	23	23	21	20	19	18	17	12	0
79	22	22	22	20	19	18	17	16	12	0
80	21	21	21	19	18	17	16	15	13	0

**American General Life Insurance Company
Form No. 08444**

**Table 3
Unamortized Expense Allowances per \$1000
Male**

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
0	13.70	13.66	13.61	13.56	13.50	13.44	13.39	13.32	13.26	13.20
1	13.82	13.77	13.72	13.66	13.61	13.55	13.49	13.42	13.36	13.29
2	13.97	13.91	13.86	13.80	13.74	13.67	13.61	13.54	13.48	13.41
3	14.04	13.98	13.92	13.86	13.80	13.73	13.67	13.60	13.53	13.46
4	14.21	14.15	14.09	14.02	13.96	13.89	13.82	13.75	13.67	13.60
5	14.29	14.23	14.16	14.10	14.03	13.96	13.89	13.81	13.74	13.66
6	14.47	14.41	14.34	14.27	14.20	14.13	14.05	13.97	13.90	13.82
7	14.67	14.60	14.53	14.45	14.38	14.30	14.22	14.14	14.06	13.98
8	14.87	14.79	14.72	14.64	14.57	14.49	14.40	14.32	14.24	14.16
9	14.98	14.90	14.82	14.75	14.67	14.58	14.50	14.42	14.33	14.25
10	15.11	15.03	14.95	14.87	14.78	14.70	14.62	14.53	14.44	14.35
11	15.33	15.25	15.17	15.08	15.00	14.91	14.82	14.73	14.64	14.55
12	15.47	15.38	15.30	15.21	15.12	15.03	14.94	14.85	14.76	14.66
13	15.61	15.52	15.43	15.34	15.25	15.16	15.07	14.98	14.88	14.78
14	15.86	15.77	15.67	15.58	15.49	15.39	15.30	15.20	15.10	14.99
15	16.11	16.02	15.92	15.83	15.73	15.63	15.53	15.42	15.32	15.20
16	16.28	16.19	16.09	15.99	15.89	15.79	15.68	15.57	15.46	15.34
17	16.55	16.45	16.35	16.24	16.14	16.03	15.92	15.80	15.68	15.56
18	16.72	16.62	16.51	16.40	16.29	16.18	16.06	15.94	15.82	15.69
19	16.99	16.89	16.78	16.66	16.55	16.43	16.30	16.18	16.05	15.91
20	17.28	17.17	17.05	16.93	16.81	16.68	16.55	16.42	16.28	16.14
21	17.52	17.40	17.28	17.15	17.02	16.89	16.76	16.62	16.47	16.32
22	17.76	17.64	17.51	17.38	17.24	17.10	16.96	16.81	16.66	16.50
23	18.02	17.89	17.76	17.62	17.48	17.33	17.18	17.03	16.87	16.70
24	18.29	18.16	18.01	17.87	17.72	17.57	17.41	17.24	17.08	16.90
25	18.59	18.44	18.29	18.14	17.99	17.82	17.66	17.48	17.30	17.12
26	18.86	18.71	18.55	18.39	18.23	18.06	17.88	17.70	17.51	17.32
27	19.16	19.00	18.84	18.67	18.49	18.31	18.13	17.93	17.74	17.53
28	19.47	19.30	19.13	18.95	18.76	18.57	18.37	18.17	17.96	17.75
29	19.81	19.63	19.44	19.25	19.06	18.86	18.65	18.43	18.22	17.99
30	20.15	19.97	19.77	19.57	19.36	19.15	18.93	18.70	18.47	18.24
31	20.52	20.32	20.12	19.90	19.68	19.46	19.23	18.99	18.75	18.50
32	20.91	20.69	20.48	20.25	20.02	19.78	19.54	19.29	19.03	18.77
33	21.33	21.10	20.87	20.63	20.39	20.13	19.88	19.61	19.34	19.07
34	21.76	21.52	21.28	21.02	20.76	20.50	20.23	19.95	19.66	19.37
35	22.24	21.98	21.72	21.45	21.18	20.90	20.61	20.32	20.02	19.71
36	22.72	22.45	22.17	21.89	21.60	21.30	21.00	20.69	20.37	20.05
37	23.24	22.95	22.66	22.36	22.05	21.74	21.41	21.09	20.76	20.42
38	23.78	23.48	23.17	22.85	22.52	22.19	21.85	21.51	21.15	20.80
39	24.37	24.04	23.71	23.38	23.03	22.68	22.32	21.96	21.59	21.21

American General Life Insurance Company
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Table 3
Unamortized Expense Allowances per \$1000
Male

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
40	24.98	24.64	24.28	23.93	23.56	23.19	22.81	22.43	22.04	21.64
41	25.58	25.21	24.84	24.46	24.08	23.69	23.29	22.88	22.46	22.04
42	26.22	25.83	25.44	25.04	24.63	24.21	23.79	23.36	22.92	22.46
43	26.90	26.49	26.07	25.65	25.21	24.77	24.32	23.86	23.39	22.91
44	27.62	27.19	26.75	26.29	25.84	25.37	24.89	24.39	23.89	23.39
45	28.39	27.93	27.46	26.98	26.49	25.99	25.47	24.95	24.42	23.88
46	29.22	28.73	28.22	27.71	27.19	26.65	26.10	25.55	24.99	24.42
47	30.10	29.57	29.03	28.48	27.92	27.35	26.77	26.18	25.58	24.98
48	31.04	30.48	29.90	29.31	28.71	28.10	27.48	26.85	26.22	25.59
49	32.04	31.43	30.81	30.18	29.54	28.89	28.23	27.57	26.90	26.23
50	33.11	32.46	31.79	31.12	30.43	29.74	29.04	28.34	27.63	26.92
51	34.26	33.56	32.85	32.12	31.39	30.66	29.91	29.17	28.41	27.64
52	35.49	34.74	33.97	33.20	32.42	31.64	30.85	30.05	29.24	28.42
53	36.81	36.00	35.18	34.36	33.53	32.69	31.84	30.98	30.12	29.25
54	38.21	37.34	36.47	35.58	34.70	33.79	32.88	31.96	31.04	30.12
55	39.70	38.76	37.83	36.88	35.93	34.96	33.98	33.00	32.02	31.05
56	41.21	40.22	39.21	38.19	37.16	36.13	35.08	34.04	33.01	31.97
57	42.84	41.77	40.69	39.59	38.48	37.37	36.26	35.16	34.06	32.96
58	44.56	43.41	42.24	41.06	39.87	38.69	37.51	36.34	35.17	34.00
59	46.43	45.18	43.91	42.65	41.38	40.12	38.87	37.62	36.37	35.11
60	48.42	47.07	45.71	44.36	43.01	41.66	40.32	38.98	37.63	36.29
61	50.65	49.19	47.73	46.28	44.83	43.38	41.94	40.50	39.04	37.59
62	52.61	51.05	49.49	47.95	46.40	44.86	43.31	41.76	40.20	38.64
63	52.46	50.87	49.28	47.69	46.10	44.51	42.92	41.32	39.71	38.11
64	52.33	50.70	49.06	47.43	45.80	44.16	42.51	40.85	39.20	37.58
65	52.20	50.52	48.84	47.16	45.47	43.77	42.07	40.37	38.69	37.04
66	52.03	50.30	48.57	46.83	45.08	43.33	41.58	39.85	38.15	36.46
67	51.86	50.07	48.28	46.48	44.67	42.87	41.09	39.33	37.59	35.87
68	51.70	49.84	47.98	46.12	44.25	42.42	40.61	38.81	37.03	35.28
69	51.53	49.60	47.68	45.75	43.85	41.98	40.12	38.28	36.47	34.69
70	51.36	49.36	47.37	45.41	43.46	41.54	39.64	37.76	35.92	34.11
71	51.05	48.99	46.95	44.95	42.96	40.99	39.05	37.14	35.28	33.47
72	50.74	48.63	46.55	44.49	42.46	40.44	38.47	36.54	34.67	32.87
73	50.42	48.27	46.13	44.02	41.94	39.89	37.88	35.95	34.08	32.28
74	50.11	47.90	45.70	43.54	41.41	39.33	37.32	35.38	33.52	31.72
75	49.80	47.52	45.27	43.06	40.90	38.81	36.79	34.85	32.99	31.19
76	49.01	46.69	44.40	42.18	40.02	37.94	35.94	34.02	32.17	30.39
77	48.22	45.86	43.56	41.33	39.18	37.12	35.13	33.22	31.39	29.65
78	47.42	45.05	42.74	40.52	38.39	36.33	34.36	32.46	30.66	28.96
79	46.63	44.25	41.95	39.74	37.61	35.57	33.60	31.74	29.98	28.34
80	45.84	43.45	41.17	38.97	36.84	34.81	32.88	31.06	29.36	27.79

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Table 3
Unamortized Expense Allowances per \$1000
Female

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
0	13.22	13.18	13.14	13.10	13.05	13.00	12.95	12.90	12.85	12.80
1	13.34	13.30	13.26	13.21	13.16	13.11	13.06	13.01	12.95	12.90
2	13.47	13.43	13.38	13.33	13.28	13.23	13.17	13.12	13.06	13.00
3	13.61	13.56	13.51	13.46	13.41	13.35	13.30	13.24	13.18	13.12
4	13.75	13.70	13.65	13.60	13.54	13.49	13.43	13.37	13.31	13.24
5	13.81	13.76	13.70	13.65	13.59	13.53	13.47	13.41	13.35	13.28
6	13.97	13.91	13.86	13.80	13.74	13.68	13.61	13.55	13.48	13.42
7	14.03	13.98	13.92	13.86	13.80	13.73	13.67	13.60	13.53	13.47
8	14.20	14.14	14.08	14.02	13.96	13.89	13.82	13.75	13.68	13.61
9	14.28	14.22	14.16	14.09	14.03	13.96	13.89	13.82	13.74	13.67
10	14.46	14.40	14.33	14.27	14.20	14.12	14.05	13.98	13.90	13.82
11	14.57	14.50	14.43	14.36	14.29	14.22	14.14	14.06	13.98	13.90
12	14.76	14.69	14.62	14.55	14.47	14.40	14.32	14.24	14.15	14.07
13	14.97	14.89	14.82	14.74	14.66	14.58	14.50	14.42	14.33	14.24
14	15.17	15.10	15.02	14.94	14.86	14.77	14.69	14.60	14.51	14.41
15	15.29	15.21	15.13	15.05	14.97	14.88	14.79	14.70	14.60	14.50
16	15.42	15.34	15.25	15.17	15.08	14.99	14.90	14.80	14.70	14.60
17	15.65	15.57	15.48	15.39	15.29	15.20	15.10	15.00	14.90	14.79
18	15.80	15.71	15.62	15.53	15.43	15.33	15.23	15.12	15.01	14.90
19	15.95	15.86	15.76	15.66	15.56	15.46	15.35	15.24	15.13	15.01
20	16.11	16.01	15.91	15.81	15.70	15.60	15.48	15.37	15.25	15.13
21	16.32	16.22	16.11	16.00	15.89	15.78	15.66	15.54	15.42	15.29
22	16.54	16.43	16.32	16.21	16.09	15.97	15.85	15.73	15.60	15.46
23	16.77	16.66	16.54	16.42	16.30	16.18	16.05	15.92	15.78	15.64
24	17.01	16.90	16.78	16.65	16.52	16.39	16.26	16.12	15.98	15.83
25	17.27	17.15	17.02	16.89	16.76	16.62	16.48	16.33	16.18	16.03
26	17.54	17.41	17.28	17.14	17.00	16.86	16.71	16.56	16.40	16.24
27	17.83	17.69	17.55	17.41	17.26	17.11	16.95	16.79	16.63	16.46
28	18.12	17.98	17.83	17.68	17.53	17.37	17.20	17.04	16.86	16.69
29	18.44	18.29	18.13	17.97	17.81	17.64	17.47	17.29	17.11	16.93
30	18.77	18.61	18.45	18.28	18.11	17.93	17.75	17.56	17.37	17.18
31	19.09	18.93	18.75	18.58	18.40	18.21	18.02	17.83	17.63	17.42
32	19.43	19.26	19.08	18.89	18.70	18.51	18.31	18.10	17.89	17.68
33	19.80	19.61	19.42	19.22	19.02	18.82	18.61	18.39	18.17	17.94
34	20.18	19.98	19.78	19.57	19.36	19.15	18.92	18.70	18.46	18.22
35	20.58	20.37	20.16	19.94	19.72	19.49	19.26	19.02	18.77	18.52
36	20.99	20.77	20.54	20.32	20.08	19.84	19.59	19.34	19.08	18.81
37	21.42	21.19	20.95	20.71	20.46	20.21	19.94	19.68	19.40	19.13
38	21.89	21.65	21.39	21.14	20.87	20.60	20.33	20.05	19.76	19.46
39	22.37	22.12	21.85	21.58	21.30	21.01	20.72	20.42	20.12	19.81

American General Life Insurance Company
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Table 3
Unamortized Expense Allowances per \$1000
Female

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
40	22.89	22.61	22.33	22.04	21.75	21.44	21.14	20.82	20.50	20.18
41	23.40	23.10	22.80	22.50	22.19	21.87	21.54	21.21	20.87	20.53
42	23.94	23.63	23.31	22.99	22.66	22.32	21.97	21.63	21.27	20.91
43	24.50	24.17	23.83	23.49	23.14	22.79	22.42	22.06	21.68	21.30
44	25.11	24.76	24.40	24.04	23.67	23.29	22.91	22.52	22.13	21.73
45	25.75	25.38	25.01	24.62	24.23	23.83	23.43	23.02	22.61	22.19
46	26.42	26.02	25.62	25.22	24.80	24.38	23.96	23.53	23.09	22.65
47	27.12	26.70	26.28	25.85	25.41	24.97	24.52	24.06	23.60	23.14
48	27.85	27.41	26.96	26.51	26.04	25.57	25.10	24.62	24.14	23.65
49	28.64	28.18	27.70	27.21	26.73	26.23	25.73	25.22	24.71	24.19
50	29.48	28.98	28.48	27.97	27.45	26.92	26.39	25.86	25.32	24.77
51	30.35	29.82	29.28	28.74	28.19	27.63	27.07	26.51	25.94	25.36
52	31.26	30.70	30.13	29.55	28.97	28.38	27.79	27.19	26.59	25.98
53	32.22	31.62	31.02	30.41	29.79	29.17	28.54	27.91	27.26	26.62
54	33.25	32.61	31.97	31.32	30.67	30.01	29.34	28.67	27.98	27.30
55	34.34	33.66	32.98	32.29	31.59	30.89	30.18	29.46	28.74	28.01
56	35.50	34.78	34.05	33.32	32.58	31.83	31.08	30.31	29.54	28.76
57	36.74	35.97	35.19	34.41	33.62	32.82	32.02	31.20	30.38	29.55
58	38.03	37.21	36.39	35.55	34.70	33.85	32.99	32.12	31.24	30.35
59	39.41	38.54	37.65	36.76	35.86	34.94	34.02	33.09	32.15	31.21
60	40.89	39.95	39.00	38.04	37.07	36.09	35.11	34.11	33.11	32.10
61	42.41	41.40	40.38	39.35	38.31	37.27	36.21	35.14	34.07	33.00
62	44.04	42.96	41.86	40.76	39.64	38.52	37.39	36.25	35.10	33.95
63	45.77	44.61	43.43	42.24	41.04	39.84	38.62	37.40	36.18	34.95
64	47.64	46.38	45.12	43.84	42.55	41.25	39.95	38.64	37.33	36.02
65	49.63	48.27	46.91	45.53	44.14	42.74	41.34	39.94	38.54	37.15
66	51.89	50.41	48.93	47.44	45.94	44.44	42.93	41.43	39.93	38.43
67	52.26	50.72	49.18	47.62	46.06	44.50	42.94	41.39	39.84	38.29
68	52.15	50.56	48.96	47.36	45.76	44.15	42.55	40.96	39.37	37.79
69	52.06	50.41	48.76	47.11	45.46	43.81	42.17	40.53	38.91	37.29
70	51.96	50.26	48.56	46.86	45.16	43.47	41.78	40.10	38.43	36.78
71	51.67	49.92	48.17	46.43	44.69	42.95	41.23	39.51	37.81	36.12
72	51.38	49.58	47.79	46.00	44.21	42.44	40.67	38.92	37.18	35.45
73	51.10	49.24	47.40	45.56	43.73	41.91	40.10	38.31	36.53	34.80
74	50.81	48.90	47.01	45.12	43.24	41.38	39.53	37.69	35.91	34.19
75	50.52	48.56	46.61	44.67	42.75	40.83	38.94	37.10	35.32	33.59
76	49.99	47.98	45.99	44.01	42.04	40.08	38.19	36.36	34.58	32.86
77	49.46	47.41	45.36	43.33	41.32	39.37	37.48	35.65	33.87	32.15
78	48.94	46.83	44.73	42.65	40.64	38.69	36.80	34.96	33.19	31.44
79	48.41	46.24	44.09	42.01	40.00	38.04	36.14	34.31	32.51	30.81
80	47.88	45.66	43.50	41.41	39.39	37.42	35.53	33.66	31.90	30.25

**American General Life Insurance Company
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**Table 3
Unamortized Expense Allowances per \$1000
Unisex**

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
0	13.60	13.56	13.51	13.46	13.41	13.36	13.30	13.24	13.18	13.12
1	13.72	13.68	13.63	13.57	13.52	13.46	13.40	13.34	13.28	13.21
2	13.87	13.81	13.76	13.70	13.65	13.59	13.52	13.46	13.39	13.33
3	13.95	13.89	13.84	13.78	13.72	13.65	13.59	13.52	13.46	13.39
4	14.11	14.05	13.99	13.93	13.87	13.80	13.74	13.67	13.60	13.52
5	14.19	14.13	14.07	14.00	13.94	13.87	13.80	13.73	13.65	13.58
6	14.37	14.30	14.24	14.17	14.10	14.03	13.96	13.89	13.81	13.73
7	14.54	14.48	14.41	14.34	14.26	14.19	14.12	14.04	13.96	13.88
8	14.73	14.67	14.59	14.52	14.45	14.37	14.29	14.21	14.13	14.05
9	14.84	14.77	14.69	14.62	14.54	14.46	14.38	14.30	14.22	14.13
10	14.98	14.90	14.82	14.74	14.66	14.58	14.50	14.42	14.33	14.25
11	15.18	15.10	15.02	14.94	14.86	14.77	14.69	14.60	14.51	14.42
12	15.32	15.24	15.16	15.07	14.99	14.90	14.81	14.72	14.63	14.54
13	15.48	15.40	15.31	15.22	15.13	15.05	14.96	14.86	14.77	14.67
14	15.72	15.63	15.54	15.45	15.36	15.27	15.17	15.08	14.98	14.87
15	15.94	15.85	15.76	15.67	15.57	15.47	15.37	15.27	15.17	15.06
16	16.11	16.01	15.92	15.82	15.72	15.62	15.52	15.41	15.30	15.19
17	16.36	16.27	16.17	16.07	15.96	15.86	15.75	15.64	15.52	15.40
18	16.53	16.43	16.33	16.22	16.11	16.00	15.89	15.77	15.65	15.53
19	16.79	16.68	16.57	16.46	16.35	16.23	16.11	15.99	15.86	15.73
20	17.04	16.93	16.82	16.70	16.59	16.46	16.34	16.21	16.07	15.94
21	17.28	17.16	17.04	16.92	16.80	16.67	16.53	16.40	16.26	16.12
22	17.51	17.39	17.26	17.14	17.00	16.87	16.73	16.59	16.44	16.29
23	17.77	17.64	17.51	17.37	17.24	17.10	16.95	16.80	16.65	16.49
24	18.03	17.89	17.76	17.62	17.47	17.32	17.17	17.01	16.85	16.68
25	18.31	18.17	18.03	17.88	17.73	17.57	17.41	17.24	17.07	16.90
26	18.59	18.45	18.29	18.14	17.98	17.81	17.64	17.47	17.29	17.10
27	18.89	18.73	18.57	18.41	18.24	18.06	17.88	17.70	17.51	17.31
28	19.19	19.03	18.86	18.69	18.51	18.32	18.14	17.94	17.74	17.53
29	19.52	19.35	19.17	18.99	18.80	18.60	18.40	18.20	17.99	17.77
30	19.87	19.69	19.50	19.30	19.10	18.90	18.69	18.47	18.25	18.02
31	20.23	20.03	19.83	19.63	19.42	19.20	18.98	18.75	18.52	18.28
32	20.61	20.40	20.19	19.97	19.75	19.52	19.29	19.05	18.80	18.55
33	21.01	20.80	20.57	20.34	20.11	19.87	19.62	19.36	19.11	18.84
34	21.43	21.20	20.96	20.72	20.47	20.22	19.96	19.69	19.42	19.14
35	21.89	21.64	21.39	21.14	20.87	20.60	20.33	20.05	19.76	19.46
36	22.36	22.10	21.84	21.56	21.29	21.00	20.71	20.41	20.11	19.80
37	22.86	22.59	22.31	22.02	21.72	21.42	21.11	20.80	20.48	20.15
38	23.39	23.10	22.80	22.50	22.19	21.87	21.54	21.21	20.87	20.53
39	23.96	23.65	23.33	23.01	22.67	22.34	21.99	21.64	21.29	20.93

American General Life Insurance Company

Form No. 08444

Table 3

Unamortized Expense Allowances per \$1000

Unisex

<u>Age</u>	<u>Initial</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>
40	24.54	24.21	23.88	23.53	23.18	22.83	22.46	22.09	21.72	21.33
41	25.12	24.78	24.42	24.06	23.69	23.31	22.93	22.54	22.14	21.73
42	25.74	25.37	24.99	24.60	24.21	23.82	23.41	23.00	22.57	22.14
43	26.40	26.00	25.61	25.20	24.78	24.36	23.93	23.49	23.04	22.58
44	27.09	26.67	26.25	25.82	25.38	24.93	24.47	24.00	23.53	23.04
45	27.83	27.39	26.94	26.48	26.02	25.54	25.05	24.55	24.05	23.53
46	28.62	28.15	27.68	27.19	26.69	26.18	25.66	25.13	24.59	24.05
47	29.46	28.96	28.45	27.93	27.39	26.85	26.30	25.74	25.17	24.60
48	30.37	29.83	29.28	28.72	28.15	27.57	26.99	26.39	25.80	25.19
49	31.32	30.75	30.16	29.56	28.95	28.34	27.71	27.09	26.45	25.82
50	32.34	31.72	31.09	30.45	29.81	29.15	28.49	27.83	27.16	26.48
51	33.42	32.76	32.08	31.40	30.71	30.02	29.32	28.61	27.90	27.18
52	34.59	33.88	33.15	32.43	31.69	30.95	30.21	29.46	28.69	27.92
53	35.83	35.06	34.29	33.52	32.74	31.95	31.15	30.34	29.53	28.71
54	37.15	36.33	35.51	34.68	33.85	33.00	32.15	31.28	30.42	29.55
55	38.53	37.66	36.78	35.90	35.00	34.10	33.18	32.26	31.34	30.43
56	39.97	39.04	38.10	37.15	36.19	35.22	34.24	33.27	32.29	31.32
57	41.51	40.52	39.50	38.48	37.45	36.41	35.38	34.34	33.31	32.28
58	43.13	42.05	40.96	39.87	38.76	37.66	36.56	35.46	34.36	33.26
59	44.89	43.72	42.55	41.37	40.20	39.02	37.85	36.67	35.50	34.32
60	46.76	45.51	44.25	42.99	41.73	40.47	39.22	37.96	36.71	35.44
61	48.81	47.46	46.11	44.76	43.41	42.07	40.72	39.37	38.02	36.66
62	51.01	49.56	48.11	46.66	45.22	43.77	42.32	40.86	39.40	37.94
63	52.55	51.01	49.48	47.94	46.41	44.87	43.33	41.77	40.22	38.67
64	52.40	50.83	49.25	47.68	46.10	44.51	42.92	41.32	39.73	38.15
65	52.25	50.63	49.01	47.38	45.75	44.11	42.47	40.84	39.22	37.62
66	52.09	50.43	48.75	47.08	45.39	43.70	42.02	40.35	38.71	37.08
67	51.95	50.22	48.50	46.76	45.02	43.28	41.57	39.87	38.20	36.53
68	51.79	50.01	48.22	46.43	44.64	42.87	41.12	39.39	37.67	35.98
69	51.64	49.79	47.94	46.09	44.26	42.46	40.67	38.90	37.15	35.43
70	51.48	49.57	47.65	45.77	43.90	42.05	40.22	38.41	36.64	34.90
71	51.17	49.19	47.25	45.32	43.41	41.52	39.66	37.82	36.03	34.28
72	50.87	48.85	46.86	44.89	42.94	41.00	39.11	37.25	35.45	33.70
73	50.56	48.49	46.45	44.43	42.43	40.47	38.55	36.68	34.88	33.14
74	50.26	48.14	46.05	43.98	41.94	39.95	38.02	36.14	34.35	32.62
75	49.94	47.77	45.62	43.51	41.45	39.44	37.50	35.63	33.84	32.12
76	49.20	46.99	44.81	42.69	40.62	38.62	36.70	34.85	33.08	31.38
77	48.47	46.22	44.03	41.90	39.83	37.85	35.95	34.12	32.36	30.70
78	47.72	45.46	43.26	41.13	39.08	37.12	35.23	33.41	31.69	30.06
79	46.99	44.72	42.51	40.40	38.37	36.41	34.54	32.76	31.07	29.50
80	46.25	43.97	41.78	39.68	37.66	35.72	33.88	32.13	30.51	29.01

**American General Life Insurance Company
Form No. 08444**

Table 5

Curtate Commutation Functions

Composite 2001 CSO Male Ultimate ANB Mortality Table with 3% Interest

Age	1000 Qx	Lx	dx	vx	Dx	Cx	Nx	Mx
0	0.97	10,000,000	9,700	1.000000	10,000,000	9,417	303,335,970	1,164,972
1	0.56	9,990,300	5,595	0.970874	9,699,320	5,273	293,335,970	1,155,554
2	0.39	9,984,705	3,894	0.942596	9,411,542	3,564	283,636,649	1,150,281
3	0.27	9,980,811	2,695	0.915142	9,133,856	2,394	274,225,107	1,146,717
4	0.21	9,978,117	2,095	0.888487	8,865,427	1,808	265,091,250	1,144,323
5	0.21	9,976,021	2,095	0.862609	8,605,403	1,754	256,225,823	1,142,515
6	0.22	9,973,926	2,194	0.837484	8,353,006	1,784	247,620,420	1,140,761
7	0.22	9,971,732	2,194	0.813092	8,107,931	1,732	239,267,413	1,138,977
8	0.22	9,969,538	2,193	0.789409	7,870,045	1,681	231,159,483	1,137,245
9	0.23	9,967,345	2,292	0.766417	7,639,140	1,706	223,289,437	1,135,564
10	0.23	9,965,052	2,292	0.744094	7,414,935	1,656	215,650,298	1,133,858
11	0.27	9,962,760	2,690	0.722421	7,197,310	1,887	208,235,363	1,132,202
12	0.33	9,960,070	3,287	0.701380	6,985,793	2,238	201,038,053	1,130,316
13	0.39	9,956,784	3,883	0.680951	6,780,085	2,567	194,052,260	1,128,078
14	0.47	9,952,901	4,678	0.661118	6,580,040	3,003	187,272,174	1,125,510
15	0.61	9,948,223	6,068	0.641862	6,385,386	3,782	180,692,135	1,122,508
16	0.74	9,942,154	7,357	0.623167	6,195,622	4,451	174,306,749	1,118,726
17	0.87	9,934,797	8,643	0.605016	6,010,716	5,077	168,111,127	1,114,275
18	0.94	9,926,154	9,331	0.587395	5,830,569	5,321	162,100,412	1,109,198
19	0.98	9,916,823	9,718	0.570286	5,655,426	5,381	156,269,842	1,103,877
20	1.00	9,907,105	9,907	0.553676	5,485,324	5,326	150,614,417	1,098,496
21	1.00	9,897,198	9,897	0.537549	5,320,231	5,165	145,129,093	1,093,170
22	1.02	9,887,300	10,085	0.521893	5,160,108	5,110	139,808,862	1,088,005
23	1.03	9,877,215	10,174	0.506692	5,004,704	5,005	134,648,754	1,082,895
24	1.05	9,867,042	10,360	0.491934	4,853,931	4,948	129,644,050	1,077,890
25	1.07	9,856,681	10,547	0.477606	4,707,606	4,890	124,790,120	1,072,942
26	1.12	9,846,135	11,028	0.463695	4,565,601	4,965	120,082,514	1,068,052
27	1.17	9,835,107	11,507	0.450189	4,427,658	5,029	115,516,913	1,063,087
28	1.17	9,823,600	11,494	0.437077	4,293,667	4,877	111,089,255	1,058,058
29	1.15	9,812,106	11,284	0.424346	4,163,732	4,649	106,795,588	1,053,181
30	1.14	9,800,822	11,173	0.411987	4,037,809	4,469	102,631,856	1,048,532
31	1.13	9,789,650	11,062	0.399987	3,915,734	4,296	98,594,047	1,044,063
32	1.13	9,778,587	11,050	0.388337	3,797,388	4,166	94,678,313	1,039,767
33	1.15	9,767,537	11,233	0.377026	3,682,618	4,112	90,880,926	1,035,601
34	1.18	9,756,305	11,512	0.366045	3,571,246	4,091	87,198,308	1,031,489
35	1.21	9,744,792	11,791	0.355383	3,463,137	4,068	83,627,062	1,027,398
36	1.28	9,733,001	12,458	0.345032	3,358,201	4,173	80,163,925	1,023,329
37	1.34	9,720,543	13,026	0.334983	3,256,216	4,236	76,805,724	1,019,156
38	1.44	9,707,517	13,979	0.325226	3,157,139	4,414	73,549,508	1,014,920
39	1.54	9,693,539	14,928	0.315754	3,060,769	4,576	70,392,369	1,010,506
40	1.65	9,678,610	15,970	0.306557	2,967,044	4,753	67,331,600	1,005,930
41	1.79	9,662,641	17,296	0.297628	2,875,872	4,998	64,364,556	1,001,177
42	1.96	9,645,345	18,905	0.288959	2,787,111	5,304	61,488,683	996,179
43	2.15	9,626,440	20,697	0.280543	2,700,630	5,637	58,701,572	990,875
44	2.39	9,605,743	22,958	0.272372	2,616,333	6,071	56,000,942	985,238
45	2.65	9,582,785	25,394	0.264439	2,534,059	6,520	53,384,609	979,167
46	2.90	9,557,391	27,716	0.256737	2,453,731	6,909	50,850,551	972,647
47	3.17	9,529,674	30,209	0.249259	2,375,355	7,311	48,396,819	965,739
48	3.33	9,499,465	31,633	0.241999	2,298,859	7,432	46,021,464	958,428
49	3.52	9,467,832	33,327	0.234950	2,224,470	7,602	43,722,605	950,996

**American General Life Insurance Company
Form No. 08444**

Table 5

Curtate Commutation Functions

Composite 2001 CSO Male Ultimate ANB Mortality Table with 3% Interest

Age	1000 Qx	Lx	dx	vx	Dx	Cx	Nx	Mx
50	3.76	9,434,505	35,474	0.228107	2,152,077	7,856	41,498,135	943,394
51	4.06	9,399,032	38,160	0.221463	2,081,539	8,205	39,346,058	935,538
52	4.47	9,360,872	41,843	0.215013	2,012,707	8,735	37,264,518	927,333
53	4.93	9,319,028	45,943	0.208750	1,945,350	9,311	35,251,811	918,598
54	5.50	9,273,086	51,002	0.202670	1,879,378	10,036	33,306,461	909,287
55	6.17	9,222,084	56,900	0.196767	1,814,603	10,870	31,427,083	899,251
56	6.88	9,165,183	63,056	0.191036	1,750,881	11,695	29,612,480	888,381
57	7.64	9,102,127	69,540	0.185472	1,688,189	12,522	27,861,599	876,686
58	8.27	9,032,587	74,699	0.180070	1,626,496	13,059	26,173,410	864,164
59	8.99	8,957,887	80,531	0.174825	1,566,063	13,669	24,546,914	851,105
60	9.86	8,877,356	87,531	0.169733	1,506,781	14,424	22,980,850	837,436
61	10.94	8,789,825	96,161	0.164789	1,448,470	15,385	21,474,069	823,012
62	12.25	8,693,664	106,497	0.159990	1,390,897	16,542	20,025,599	807,627
63	13.71	8,587,167	117,730	0.155330	1,333,843	17,754	18,634,702	791,085
64	15.24	8,469,437	129,074	0.150806	1,277,239	18,898	17,300,859	773,330
65	16.85	8,340,363	140,535	0.146413	1,221,140	19,977	16,023,620	754,432
66	18.47	8,199,828	151,451	0.142149	1,165,596	20,902	14,802,481	734,455
67	20.09	8,048,377	161,692	0.138009	1,110,745	21,665	13,636,885	713,554
68	21.85	7,886,685	172,324	0.133989	1,056,728	22,417	12,526,140	691,889
69	23.64	7,714,361	182,367	0.130086	1,003,533	23,033	11,469,412	669,472
70	25.77	7,531,993	194,099	0.126297	951,271	23,800	10,465,880	646,439
71	28.15	7,337,894	206,562	0.122619	899,764	24,591	9,514,609	622,639
72	31.32	7,131,332	223,353	0.119047	848,966	25,815	8,614,845	598,049
73	34.62	6,907,979	239,154	0.115580	798,424	26,836	7,765,879	572,233
74	38.08	6,668,825	253,949	0.112214	748,333	27,667	6,967,455	545,397
75	41.91	6,414,876	268,847	0.108945	698,870	28,437	6,219,122	517,731
76	46.08	6,146,028	283,209	0.105772	650,078	29,083	5,520,252	489,294
77	50.92	5,862,819	298,535	0.102691	602,061	29,764	4,870,174	460,211
78	56.56	5,564,285	314,716	0.099700	554,761	30,463	4,268,114	430,447
79	63.06	5,249,569	331,038	0.096796	508,139	31,110	3,713,353	399,983
80	70.14	4,918,531	344,986	0.093977	462,229	31,476	3,205,213	368,874
81	78.19	4,573,545	357,605	0.091240	417,290	31,678	2,742,984	337,397
82	86.54	4,215,940	364,847	0.088582	373,458	31,378	2,325,694	305,719
83	95.51	3,851,092	367,818	0.086002	331,203	30,712	1,952,236	274,342
84	105.43	3,483,274	367,242	0.083497	290,844	29,771	1,621,033	243,630
85	116.57	3,116,033	363,236	0.081065	252,603	28,588	1,330,189	213,859
86	128.91	2,752,797	354,863	0.078704	216,657	27,116	1,077,586	185,271
87	142.35	2,397,934	341,346	0.076412	183,231	25,323	860,929	158,155
88	156.73	2,056,588	322,329	0.074186	152,571	23,216	677,698	132,832
89	171.88	1,734,259	298,084	0.072026	124,911	20,844	525,127	109,616

American General Life Insurance Company

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Table 5

Curtate Commutation Functions

Composite 2001 CSO Male Ultimate ANB Mortality Table with 3% Interest

Age	1000 Qx	Lx	dx	vx	Dx	Cx	Nx	Mx
90	187.66	1,436,174	269,513	0.069928	100,429	18,297	400,216	88,772
91	202.44	1,166,662	236,179	0.067891	79,206	15,567	299,788	70,474
92	217.83	930,483	202,687	0.065914	61,332	12,971	220,582	54,907
93	234.04	727,796	170,333	0.063994	46,574	10,583	159,250	41,936
94	251.14	557,462	140,001	0.062130	34,635	8,445	112,676	31,353
95	269.17	417,461	112,368	0.060320	25,181	6,581	78,041	22,908
96	285.64	305,093	87,147	0.058563	17,867	4,955	52,859	16,328
97	303.18	217,946	66,077	0.056858	12,392	3,648	34,992	11,373
98	321.88	151,869	48,884	0.055202	8,383	2,620	22,600	7,725
99	341.85	102,986	35,206	0.053594	5,519	1,832	14,217	5,105
100	363.19	67,780	24,617	0.052033	3,527	1,244	8,697	3,273
101	380.08	43,163	16,405	0.050517	2,180	805	5,171	2,030
102	398.06	26,758	10,651	0.049046	1,312	507	2,990	1,225
103	417.20	16,106	6,720	0.047617	767	311	1,678	718
104	437.56	9,387	4,107	0.046231	434	184	911	407
105	459.21	5,280	2,424	0.044884	237	106	477	223
106	482.22	2,855	1,377	0.043577	124	58	240	117
107	506.69	1,478	749	0.042307	63	31	115	59
108	532.69	729	388	0.041075	30	15	53	28
109	560.31	341	191	0.039879	14	7	23	13
110	589.64	150	88	0.038717	6	3	9	6
111	620.79	61	38	0.037590	2	1	4	2
112	653.84	23	15	0.036495	1	1	1	1
113	688.94	8	6	0.035432	0	0	0	0
114	726.18	3	2	0.034400	0	0	0	0
115	765.70	1	1	0.033398	0	0	0	0
116	807.61	0	0	0.032425	0	0	0	0
117	852.07	0	0	0.031481	0	0	0	0
118	899.23	0	0	0.030564	0	0	0	0
119	949.22	0	0	0.029674	0	0	0	0
120	1,000.00	0	0	0.028809	0	0	0	0

American General Life Insurance Company
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Table 6
Continuous Commutation Functions
1980 CSO Male ANB Aggregate Mortality Table with 4.00%

Age	1000 Qx	Lx	dx	vx	Dx	Cx	Nx	Mx
0	0.97	10,000,000	9,700	1.000000	10,000,000	9,512	238,720,907	637,196
1	0.56	9,990,300	5,595	0.961538	9,606,058	5,275	228,919,197	627,684
2	0.39	9,984,705	3,894	0.924556	9,231,421	3,531	219,501,699	622,408
3	0.27	9,980,811	2,695	0.888996	8,872,905	2,349	210,450,719	618,878
4	0.21	9,978,117	2,095	0.854804	8,529,336	1,756	201,750,729	616,528
5	0.21	9,976,021	2,095	0.821927	8,199,562	1,689	193,387,364	614,772
6	0.22	9,973,926	2,194	0.790315	7,882,539	1,701	185,347,355	613,083
7	0.22	9,971,732	2,194	0.759918	7,577,697	1,635	177,618,239	611,383
8	0.22	9,969,538	2,193	0.730690	7,284,644	1,572	170,188,032	609,748
9	0.23	9,967,345	2,292	0.702587	7,002,924	1,579	163,045,174	608,176
10	0.23	9,965,052	2,292	0.675564	6,732,032	1,518	156,178,586	606,597
11	0.27	9,962,760	2,690	0.649581	6,471,619	1,714	149,577,616	605,078
12	0.33	9,960,070	3,287	0.624597	6,221,031	2,013	143,232,116	603,365
13	0.39	9,956,784	3,883	0.600574	5,979,786	2,287	137,132,503	601,352
14	0.47	9,952,901	4,678	0.577475	5,747,552	2,649	131,269,600	599,065
15	0.61	9,948,223	6,068	0.555265	5,523,895	3,304	125,634,616	596,416
16	0.74	9,942,154	7,357	0.533908	5,308,197	3,852	120,219,286	593,111
17	0.87	9,934,797	8,643	0.513373	5,100,259	4,351	115,015,750	589,259
18	0.94	9,926,154	9,331	0.493628	4,899,829	4,517	110,016,375	584,908
19	0.98	9,916,823	9,718	0.474642	4,706,945	4,524	105,213,634	580,391
20	1.00	9,907,105	9,907	0.456387	4,521,473	4,434	100,600,045	575,868
21	1.00	9,897,198	9,897	0.438834	4,343,223	4,259	96,168,294	571,434
22	1.02	9,887,300	10,085	0.421955	4,172,000	4,173	91,911,257	567,175
23	1.03	9,877,215	10,174	0.405726	4,007,446	4,048	87,822,085	563,002
24	1.05	9,867,042	10,360	0.390121	3,849,345	3,964	83,894,220	558,954
25	1.07	9,856,681	10,547	0.375117	3,697,407	3,880	80,121,353	554,990
26	1.12	9,846,135	11,028	0.360689	3,551,395	3,901	76,497,442	551,111
27	1.17	9,835,107	11,507	0.346817	3,410,978	3,914	73,016,728	547,210
28	1.17	9,823,600	11,494	0.333477	3,275,949	3,759	69,673,718	543,296
29	1.15	9,812,106	11,284	0.320651	3,146,266	3,548	66,463,047	539,538
30	1.14	9,800,822	11,173	0.308319	3,021,777	3,378	63,379,444	535,990
31	1.13	9,789,650	11,062	0.296460	2,902,242	3,216	60,417,836	532,611
32	1.13	9,778,587	11,050	0.285058	2,787,464	3,089	57,573,369	529,395
33	1.15	9,767,537	11,233	0.274094	2,677,225	3,019	54,841,395	526,306
34	1.18	9,756,305	11,512	0.263552	2,571,295	2,975	52,217,491	523,287
35	1.21	9,744,792	11,791	0.253415	2,469,481	2,930	49,697,446	520,312
36	1.28	9,733,001	12,458	0.243669	2,371,628	2,977	47,277,221	517,382
37	1.34	9,720,543	13,026	0.234297	2,277,493	2,993	44,952,978	514,405
38	1.44	9,707,517	13,979	0.225285	2,186,962	3,088	42,721,056	511,412
39	1.54	9,693,539	14,928	0.216621	2,099,820	3,171	40,577,960	508,324
40	1.65	9,678,610	15,970	0.208289	2,015,949	3,262	38,520,360	505,153
41	1.79	9,662,641	17,296	0.200278	1,935,214	3,397	36,545,053	501,891
42	1.96	9,645,345	18,905	0.192575	1,857,452	3,570	34,648,986	498,494
43	2.15	9,626,440	20,697	0.185168	1,782,511	3,758	32,829,261	494,924
44	2.39	9,605,743	22,958	0.178046	1,710,267	4,008	31,083,121	491,165
45	2.65	9,582,785	25,394	0.171198	1,640,558	4,263	29,407,949	487,157
46	2.90	9,557,391	27,716	0.164614	1,573,279	4,474	27,801,265	482,894
47	3.17	9,529,674	30,209	0.158283	1,508,381	4,689	26,260,661	478,419
48	3.33	9,499,465	31,633	0.152195	1,445,769	4,721	24,783,806	473,730
49	3.52	9,467,832	33,327	0.146341	1,385,533	4,783	23,368,368	469,009

American General Life Insurance Company
Form No. 08444

Table 6
Continuous Commutation Functions
1980 CSO Male ANB Aggregate Mortality Table with 4.00%

<u>Age</u>	<u>1000 Qx</u>	<u>Lx</u>	<u>dx</u>	<u>vx</u>	<u>Dx</u>	<u>Cx</u>	<u>Nx</u>	<u>Mx</u>
50	3.76	9,434,505	35,474	0.140713	1,327,554	4,895	22,012,029	464,226
51	4.06	9,399,032	38,160	0.135301	1,271,695	5,063	20,712,603	459,331
52	4.47	9,360,872	41,843	0.130097	1,217,819	5,338	19,468,039	454,268
53	4.93	9,319,028	45,943	0.125093	1,165,745	5,636	18,276,445	448,930
54	5.50	9,273,086	51,002	0.120282	1,115,383	6,016	17,136,064	443,294
55	6.17	9,222,084	56,900	0.115656	1,066,585	6,453	16,045,259	437,278
56	6.88	9,165,183	63,056	0.111207	1,019,235	6,877	15,002,526	430,825
57	7.64	9,102,127	69,540	0.106930	973,291	7,292	14,006,436	423,948
58	8.27	9,032,587	74,699	0.102817	928,706	7,532	13,055,607	416,656
59	8.99	8,957,887	80,531	0.098863	885,602	7,807	12,148,618	409,125
60	9.86	8,877,356	87,531	0.095060	843,885	8,160	11,284,036	401,317
61	10.94	8,789,825	96,161	0.091404	803,427	8,619	10,460,539	393,157
62	12.25	8,693,664	106,497	0.087889	764,075	9,179	9,676,945	384,538
63	13.71	8,587,167	117,730	0.084508	725,687	9,757	8,932,219	375,359
64	15.24	8,469,437	129,074	0.081258	688,210	10,285	8,225,425	365,603
65	16.85	8,340,363	140,535	0.078133	651,655	10,768	7,555,646	355,317
66	18.47	8,199,828	151,451	0.075128	616,033	11,158	6,921,953	344,550
67	20.09	8,048,377	161,692	0.072238	581,399	11,454	6,323,386	333,392
68	21.85	7,886,685	172,324	0.069460	547,807	11,738	5,758,930	321,937
69	23.64	7,714,361	182,367	0.066788	515,228	11,944	5,227,558	310,200
70	25.77	7,531,993	194,099	0.064219	483,700	12,224	4,728,236	298,255
71	28.15	7,337,894	206,562	0.061749	453,111	12,508	4,259,970	286,032
72	31.32	7,131,332	223,353	0.059374	423,419	13,005	3,821,843	273,523
73	34.62	6,907,979	239,154	0.057091	394,382	13,389	3,413,080	260,519
74	38.08	6,668,825	253,949	0.054895	366,085	13,671	3,032,983	247,129
75	41.91	6,414,876	268,847	0.052784	338,601	13,916	2,680,774	233,459
76	46.08	6,146,028	283,209	0.050754	311,933	14,096	2,355,640	219,543
77	50.92	5,862,819	298,535	0.048801	286,114	14,287	2,056,747	205,447
78	56.56	5,564,285	314,716	0.046924	261,101	14,482	1,783,268	191,160
79	63.06	5,249,569	331,038	0.045120	236,859	14,647	1,534,415	176,678
80	70.14	4,918,531	344,986	0.043384	213,387	14,677	1,309,416	162,031
81	78.19	4,573,545	357,605	0.041716	190,789	14,629	1,107,450	147,354
82	86.54	4,215,940	364,847	0.040111	169,107	14,351	927,621	132,725
83	95.51	3,851,092	367,818	0.038569	148,531	13,912	768,917	118,373
84	105.43	3,483,274	367,242	0.037085	129,178	13,356	630,171	104,462
85	116.57	3,116,033	363,236	0.035659	111,114	12,702	510,128	91,106
86	128.91	2,752,797	354,863	0.034287	94,386	11,932	407,474	78,404
87	142.35	2,397,934	341,346	0.032969	79,056	11,036	320,842	66,473
88	156.73	2,056,588	322,329	0.031701	65,195	10,020	248,798	55,437
89	171.88	1,734,259	298,084	0.030481	52,862	8,910	189,843	45,417

**American General Life Insurance Company
Form No. 08444**

**Table 6
Continuous Commutation Functions
1980 CSO Male ANB Aggregate Mortality Table with 4.00%**

<u>Age</u>	<u>1000 Qx</u>	<u>Lx</u>	<u>dx</u>	<u>vx</u>	<u>Dx</u>	<u>Cx</u>	<u>Nx</u>	<u>Mx</u>
90	187.66	1,436,174	269,513	0.029309	42,093	7,746	142,429	36,507
91	202.44	1,166,662	236,179	0.028182	32,878	6,527	104,999	28,760
92	217.83	930,483	202,687	0.027098	25,214	5,386	75,999	22,233
93	234.04	727,796	170,333	0.026056	18,963	4,352	53,949	16,847
94	251.14	557,462	140,001	0.025053	13,966	3,440	37,515	12,495
95	269.17	417,461	112,368	0.024090	10,057	2,655	25,527	9,055
96	285.64	305,093	87,147	0.023163	7,067	1,980	16,984	6,401
97	303.18	217,946	66,077	0.022272	4,854	1,443	11,037	4,421
98	321.88	151,869	48,884	0.021416	3,252	1,027	6,994	2,978
99	341.85	102,986	35,206	0.020592	2,121	711	4,314	1,951
100	363.19	67,780	24,617	0.019800	1,342	478	2,588	1,241
101	380.08	43,163	16,405	0.019039	822	306	1,509	763
102	398.06	26,758	10,651	0.018306	490	191	856	456
103	417.20	16,106	6,720	0.017602	284	116	470	265
104	437.56	9,387	4,107	0.016925	159	68	250	149
105	459.21	5,280	2,424	0.016274	86	39	128	81
106	482.22	2,855	1,377	0.015648	45	21	63	42
107	506.69	1,478	749	0.015046	22	11	29	21
108	532.69	729	388	0.014468	11	6	13	10
109	560.31	341	191	0.013911	5	3	6	5
110	589.64	150	88	0.013376	2	1	2	2
111	620.79	61	38	0.012862	1	0	1	1
112	653.84	23	15	0.012367	0	0	0	0
113	688.94	8	6	0.011891	0	0	0	0
114	726.18	3	2	0.011434	0	0	0	0
115	765.70	1	1	0.010994	0	0	0	0
116	807.61	0	0	0.010571	0	0	0	0
117	852.07	0	0	0.010165	0	0	0	0
118	899.23	0	0	0.009774	0	0	0	0
119	949.22	0	0	0.009398	0	0	0	0
120	1,000.00	0	0	0.009036	0	0	0	0

American General Life Insurance Company

Form No. 08444

Exhibit I

Comparison Table of Values

Flexible Premium Life Insurance Policy

Planned Periodic Premium: \$1525.16

Maturity Value: \$100,000

Specified Amount: \$100,000

Nonforfeiture basis: Composite 2001 CSO Male Ultimate ANB Mortality Table with 3%

Reserve basis: Composite 2001 CSO Male Ultimate ANB Mortality Table with 4%

Account value basis: 3%

Male 35, Preferred Plus Non-tobacco

<u>End of Year</u>	<u>Guaranteed Accumulation Value</u>	<u>Guaranteed Cash Surrender Value</u>	<u>Death Benefit</u>	<u>Statutory Reserve</u>	<u>Statutory Minimum Cash Value</u>	<u>Statutory Minimum Reserve</u>
1	905.80	105.80	100,000.00	105.80	0.00	4.87
2	1,832.93	1,032.93	100,000.00	1,032.93	0.00	983.78
3	2,783.20	1,983.20	100,000.00	2,011.73	1,080.01	2,011.73
4	3,753.52	2,653.52	100,000.00	3,064.92	2,345.35	3,064.92
5	4,744.74	3,544.74	100,000.00	4,144.59	3,640.88	4,144.59
6	6,074.08	4,974.08	100,000.00	5,273.12	4,966.86	5,273.12
7	7,432.41	6,532.41	100,000.00	6,532.41	6,321.74	6,427.69
8	8,818.24	8,218.24	100,000.00	8,218.24	7,704.06	7,607.42
9	10,231.10	9,831.10	100,000.00	9,831.10	9,113.33	8,834.10
10	11,667.92	11,667.92	100,000.00	11,667.92	10,546.50	10,072.72
11	13,128.40	13,128.40	100,000.00	13,128.40	12,003.26	11,356.11
12	14,614.96	14,614.96	100,000.00	14,614.96	13,486.03	12,664.59
13	16,127.50	16,127.50	100,000.00	16,127.50	14,994.71	14,009.34
14	17,676.93	17,676.93	100,000.00	17,676.93	16,540.19	15,388.59
15	19,262.54	19,262.54	100,000.00	19,262.54	18,121.74	16,824.07
16	20,882.11	20,882.11	100,000.00	20,882.11	19,737.17	18,292.52
17	22,532.84	22,532.84	100,000.00	22,532.84	21,383.66	19,802.98
18	24,208.27	24,208.27	100,000.00	24,208.27	23,054.78	21,350.57
19	25,906.86	25,906.86	100,000.00	25,906.86	24,749.00	22,934.31
20	27,622.85	27,622.85	100,000.00	27,622.85	26,460.56	24,538.82
21	29,351.61	29,351.61	100,000.00	29,351.61	28,184.84	26,160.47
22	31,093.09	31,093.09	100,000.00	31,093.09	29,921.81	27,810.40
23	32,846.85	32,846.85	100,000.00	32,846.85	31,670.99	29,477.45
24	34,624.77	34,624.77	100,000.00	34,624.77	33,444.27	31,182.71
25	36,424.18	36,424.18	100,000.00	36,424.18	35,238.95	32,924.30
26	38,238.99	38,238.99	100,000.00	38,238.99	37,048.98	34,686.47
27	40,060.03	40,060.03	100,000.00	40,060.03	38,865.20	36,472.68
28	41,877.70	41,877.70	100,000.00	41,877.70	40,678.02	38,253.09
29	43,687.90	43,687.90	100,000.00	43,687.90	42,483.37	40,046.13
30	45,491.70	45,491.70	100,000.00	45,491.70	44,282.29	41,841.74
31	47,290.01	47,290.01	100,000.00	47,290.01	46,075.70	43,629.72
32	49,087.91	49,087.91	100,000.00	49,087.91	47,868.66	45,436.33
33	50,891.34	50,891.34	100,000.00	50,891.34	49,667.10	47,266.71
34	52,699.59	52,699.59	100,000.00	52,699.59	51,470.30	49,098.51
35	54,518.02	54,518.02	100,000.00	54,518.02	53,283.59	50,958.37
36	56,338.16	56,338.16	100,000.00	56,338.16	55,098.55	52,839.24
37	58,157.01	58,157.01	100,000.00	58,157.01	56,912.14	54,716.72
38	59,949.66	59,949.66	100,000.00	59,949.66	58,699.54	56,591.22
39	61,720.81	61,720.81	100,000.00	61,720.81	60,465.39	58,444.69
40	63,474.77	63,474.77	100,000.00	63,474.77	62,214.03	60,280.79
41	65,208.98	65,208.98	100,000.00	65,208.98	63,942.85	62,119.04
42	66,923.50	66,923.50	100,000.00	66,923.50	65,651.94	63,937.53
43	68,608.64	68,608.64	100,000.00	68,608.64	67,331.58	65,738.57
44	70,252.61	70,252.61	100,000.00	70,252.61	68,970.04	67,500.67
45	71,844.07	71,844.07	100,000.00	71,844.07	70,555.96	69,213.46

American General Life Insurance Company

Form No. 08444

Exhibit I

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Reserve basis: Composite 2001 CSO Male Ultimate ANB Mortality Table with 4%

Account value basis: 3%

Male 35, Preferred Plus Non-tobacco

End of Year	Guaranteed Accumulation Value	Guaranteed Cash Surrender Value	Death Benefit	Statutory Reserve	Statutory Minimum Cash Value	Statutory Minimum Reserve
46	73,382.16	73,382.16	100,000.00	73,382.16	72,088.48	70,886.69
47	74,856.40	74,856.40	100,000.00	74,856.40	73,557.13	72,477.74
48	76,276.34	76,276.34	100,000.00	76,276.34	74,971.43	74,027.39
49	77,644.40	77,644.40	100,000.00	77,644.40	76,333.77	75,526.36
50	78,956.36	78,956.36	100,000.00	78,956.36	77,639.92	76,970.50
51	80,203.13	80,203.13	100,000.00	80,203.13	78,880.82	78,340.34
52	81,377.15	81,377.15	100,000.00	81,377.15	80,048.91	79,639.56
53	82,473.31	82,473.31	100,000.00	82,473.31	81,139.08	80,852.04
54	83,489.26	83,489.26	100,000.00	83,489.26	82,149.04	81,986.07
55	84,424.87	84,424.87	100,000.00	84,424.87	83,078.62	83,029.91
56	85,280.86	85,280.86	100,000.00	85,280.86	83,928.58	83,983.62
57	86,086.86	86,086.86	100,000.00	86,086.86	84,728.42	84,884.15
58	86,845.98	86,845.98	100,000.00	86,845.98	85,481.20	85,733.94
59	87,557.50	87,557.50	100,000.00	87,557.50	86,186.22	86,521.12
60	88,218.38	88,218.38	100,000.00	88,218.38	86,840.48	87,264.60
61	88,822.50	88,822.50	100,000.00	88,822.50	87,437.92	87,947.58
62	89,401.28	89,401.28	100,000.00	89,401.28	88,009.72	88,597.96
63	89,951.94	89,951.94	100,000.00	89,951.94	88,553.10	89,213.17
64	90,469.13	90,469.13	100,000.00	90,469.13	89,062.78	89,799.23
65	90,942.48	90,942.48	100,000.00	90,942.48	89,528.56	90,324.85
66	91,352.17	91,352.17	100,000.00	91,352.17	89,931.03	90,782.99
67	91,754.19	91,754.19	100,000.00	91,754.19	90,325.40	91,234.44
68	92,148.04	92,148.04	100,000.00	92,148.04	90,711.23	91,678.78
69	92,533.09	92,533.09	100,000.00	92,533.09	91,088.08	92,115.57
70	92,908.60	92,908.60	100,000.00	92,908.60	91,455.59	92,533.52
71	93,273.29	93,273.29	100,000.00	93,273.29	91,813.49	92,943.29
72	93,624.66	93,624.66	100,000.00	93,624.66	92,161.64	93,344.72
73	93,956.62	93,956.62	100,000.00	93,956.62	92,499.74	93,737.50
74	94,254.26	94,254.26	100,000.00	94,254.26	92,827.67	94,121.48
75	94,477.54	94,477.54	100,000.00	94,485.58	93,145.30	94,485.58
76	94,511.25	94,511.25	100,000.00	94,840.71	93,452.62	94,840.71
77	94,544.77	94,544.77	100,000.00	95,186.71	93,749.54	95,186.71
78	94,578.63	94,578.63	100,000.00	95,523.77	94,036.25	95,523.77
79	94,614.17	94,614.17	100,000.00	95,840.81	94,312.66	95,840.81
80	94,654.93	94,654.93	100,000.00	96,148.89	94,578.93	96,148.89
81	94,710.13	94,710.13	100,000.00	96,448.01	94,835.09	96,448.01
82	94,804.30	94,804.30	100,000.00	96,738.37	95,081.38	96,738.37
83	95,002.80	95,002.80	100,000.00	97,009.10	95,317.92	97,009.10
84	95,481.33	95,481.33	100,000.00	97,281.88	95,544.48	97,281.88
85	96,715.32	96,715.32	100,000.00	97,528.11	95,753.82	97,528.11
86	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00

American General Life Insurance Company
Form # 08444
EXHIBIT II
MONTH-BY-MONTH CALCULATIONS OF VALUES

END OF YEAR 1

Death Benefit Option =	1	Annual Interest Rate =	3.00%
Begin Age =	35	Monthly Interest Factor =	1.00246627
Gross Premium =	\$1,525.16	Minimum Face Amount =	100,000
Premiums Per Year =	1	Premium Load =	0
Previous Account Value =	0.00		
COI rate per \$1000 =	0.10		
Surrender Charge =	\$800.00		
Corridor Percentage =	250%		

End of Month	Gross Premium	Net Premium	Beginning Accumulation Value	Ending Death Benefit	Net Amount at Risk	Cost of Insurance	Monthly Admin Fee	Monthly Expense Charge	credited Interest	Ending Accumulation Value	Cash Surrender Value
										0.00	
1	1,525.16	1,387.90	1,387.90	100,000.00	98,399.08	9.93	7.00	26.00	3.32	1,348.28	548.28
2	0.00	0.00	1,348.28	100,000.00	98,438.70	9.93	7.00	26.00	3.22	1,308.57	508.57
3	0.00	0.00	1,308.57	100,000.00	98,478.41	9.94	7.00	26.00	3.12	1,268.76	468.76
4	0.00	0.00	1,268.76	100,000.00	98,518.22	9.94	7.00	26.00	3.02	1,228.84	428.84
5	0.00	0.00	1,228.84	100,000.00	98,558.14	9.94	7.00	26.00	2.92	1,188.82	388.82
6	0.00	0.00	1,188.82	100,000.00	98,598.16	9.95	7.00	26.00	2.83	1,148.70	348.70
7	0.00	0.00	1,148.70	100,000.00	98,638.28	9.95	7.00	26.00	2.73	1,108.48	308.48
8	0.00	0.00	1,108.48	100,000.00	98,678.50	9.96	7.00	26.00	2.63	1,068.15	268.15
9	0.00	0.00	1,068.15	100,000.00	98,718.83	9.96	7.00	26.00	2.53	1,027.72	227.72
10	0.00	0.00	1,027.72	100,000.00	98,759.26	9.96	7.00	26.00	2.43	987.18	187.18
11	0.00	0.00	987.18	100,000.00	98,799.80	9.97	7.00	26.00	2.33	946.54	146.54
12	0.00	0.00	946.54	100,000.00	98,840.44	9.97	7.00	26.00	2.23	905.80	105.80

END OF YEAR 50

Death Benefit Option =	1	Annual Interest Rate =	3.00%
Begin Age =	84	Monthly Interest Factor =	1.00246627
Gross Premium =	\$1,525.16	Minimum Face Amount =	100,000
Premiums Per Year =	1	Premium Load =	0
Previous Account Value =	77,644.40		
COI rate per \$1000 =	0.31		
Surrender Charge =	\$0.00		
Corridor Percentage =	185%		

End of Month	Gross Premium	Net Premium	Beginning Accumulation Value	Ending Death Benefit	Net Amount at Risk	Cost of Insurance	Monthly Admin Fee	Monthly Expense Charge	Accumulation Value Interest	Ending Accumulation Value	Cash Surrender Value
										77,644.40	
1	1,525.16	1,387.90	79,032.30	100,000.00	20,728.68	193.35	7.00	0.00	194.42	79,026.37	79,026.37
2	0.00	0.00	79,026.37	100,000.00	20,734.61	193.40	7.00	0.00	194.41	79,020.37	79,020.37
3	0.00	0.00	79,020.37	100,000.00	20,740.61	193.46	7.00	0.00	194.39	79,014.30	79,014.30
4	0.00	0.00	79,014.30	100,000.00	20,746.68	193.52	7.00	0.00	194.38	79,008.16	79,008.16
5	0.00	0.00	79,008.16	100,000.00	20,752.82	193.57	7.00	0.00	194.36	79,001.95	79,001.95
6	0.00	0.00	79,001.95	100,000.00	20,759.03	193.63	7.00	0.00	194.35	78,995.67	78,995.67
7	0.00	0.00	78,995.67	100,000.00	20,765.31	193.69	7.00	0.00	194.33	78,989.31	78,989.31
8	0.00	0.00	78,989.31	100,000.00	20,771.67	193.75	7.00	0.00	194.31	78,982.87	78,982.87
9	0.00	0.00	78,982.87	100,000.00	20,778.11	193.81	7.00	0.00	194.30	78,976.36	78,976.36
10	0.00	0.00	78,976.36	100,000.00	20,784.62	193.87	7.00	0.00	194.28	78,969.77	78,969.77
11	0.00	0.00	78,969.77	100,000.00	20,791.21	193.93	7.00	0.00	194.27	78,963.10	78,963.10
12	0.00	0.00	78,963.10	100,000.00	20,797.88	193.99	7.00	0.00	194.25	78,956.36	78,956.36


AMERICAN GENERAL LIFE INSURANCE COMPANY
NAIC No. 012-60488
Policy Form 08444

Illustration Actuary's Certification of Compliance

The undersigned, in his capacity as the Illustration Actuary for American General Life Insurance Company, certifies the following:

- 1) The disciplined current scale used for the illustration of forms designated by the Company is in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board.
- 2) The illustrated scales used in the illustration of forms designated by the Company are in compliance with the illustration regulations for your state.
- 3) Nonguaranteed elements for new policies are consistent with those illustrated for similar in force policies.
- 4) Nonguaranteed elements for both new and in force policies are consistent with the nonguaranteed elements actually being paid, charged or credited to the same or similar forms.
- 5) The method used to allocate overhead expenses for all illustrations is the fully allocated expenses method.
- 6) There are no other matters which require disclosure at this time.

EXECUTED THIS 28th day of April, 2008

By: 
Wayne Barnard, FSA, MAAA
Illustration Actuary

American General Life Insurance Company

The following addresses and telephone numbers are furnished for your information:

The name, address, and phone number of your agent is:

Name

Address

Phone Number

The name, address, and phone number of the company is:

American General Life Insurance Company
P.O. Box 1931
Houston, Texas 77251
(713) 522-1111

You may contact the State Insurance Department, Consumer Services Division, at 1200 West Third Street, Little Rock, Arkansas 72201-1904, or call them at (501) 371-2640 or toll free at (800) 852-5494.

The notice is for information only and does not become a part or condition of your policy or contract.